#### 2411 N. Charles St., Baltimore

1	CERTIFICAT	TE OF DEATH	74		
	1. PLACE OF DEATH:  County Charles S. Hours Lykewille  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State			
	3.(a) FULL NAME Ann Watts Hiken	3. (b) Social Security	Number		
	Fem. 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  2D. DATE OF DEATH			
	6.(c) Name of husband or wife	and that I last saw h. Un. alive on March.  Immediate cause of death.  Lung abscess	5 19.4 S 19.4 S DURATION		
	9. Birthplace. Mary Court (Town, county, and state)  10. Usual occupation. howse work  11. Industry or business	Due to	9480		
	13. Birthplace U. 5.9  14. Maiden name Many Wolvering ton  15. Birthplace My	(Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.	1		
	16. Informant tister: Ms. Katherine aikley  Address 2906 Col Spring Lane, Baltimore, M4.  Burish  (Burial, cremation, or removat. Which?)  Cemetery or crematory.  Catherine	Autopsy resolts			
,	18. Funeral director St. N. Means & Son Address 805 M. Colvey St. Batternow	Injured at home, farm, Industry, public place (where?)  Mesns of Injury  Injured at work?  23. SIGNATURE. W. Wingimia Beyon  W	V.B		

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

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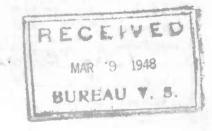
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(Date rec'd by registrar)



ADING INK. Supply every item of information carefully. The cert Physicians: please write the causes of death clearly and Legible. FOR BINDING RESERVED MARGIN WITH UNFA

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#### CERTIFICATE OF DEATH

CERTIFICATI	Reg. Dist. No. 4
PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Single	20. DATE OF DEATH March 12 1948, 21 12 P M
6.(b) Name of husband or wife  6.(c) If alive, give age years 7. Birth date of	20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from work 12 19.48 10 March 12 19.48 and that I last saw h. Last Lalive on March 12 19.48
8. AGE: Years Months Days If less than one day 2 28	Immediate cause of death Durantea Duranton / week  Due to Uppen Respiratory Infection
10. Usual occupation  11. Industry or business  12. Name	Due to Malnutrio  Bacillary Suggestery (2/17/48als)  Dither conditions
14. Maiden name Elva Mal Bailey  15. Birthplace Worth Carrolina	Major findings of operations.  Date of op.
Address Fullus Maryland  11. Burd Bate thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Alesta Winds Serve  18. Funeral director and Winds Serve  Address Wanthustu Dud	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?  M. J. Fround M. D.
19. Mar. 12 1948 Mrs. W. P. S. Demu. (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address Manchester, Md Date signed Mar 13-194

MAR 19 1948

# UNFADING INK. Supply every item of information carefully. I ant. Physicians: please write the causes of death clearly and leg MARGIN RESERVED FOR BINDING WITH UNF

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimora

# CERTIFICATE OF DEATH

How long in above place Hospital, institution, or How long in hospital o	Carroll Caneytown Dataide city or town of death?	limits, write R	URAL and give nearest town)	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stale		
3. (a) FULL NAM	Mrs.Blanc	he I. Re	ker		3. (b) Social Security Number	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
F	W	me	arried		12/ 18/8 at 7 AM	
T. Birth date of		6.(	akoryears	21. I CERTIFY that death occurred on the date above 18. / 18. / and that I last saw h \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e stated; fhat I attended deceased from  7, to 19, 48, 20, 19, 48, 19,	
8. AGE: Year	and the same of th	Days	if less than one day	Immediate cause of death		
6:	2 0	6	hrsmin.	Tius Och	roses	
11. Industry or busines	Housewife	<b></b>	state)	Due to		
12. Name	Unkno					
	Margaret	Harmon	Md	Antopsy results		
16. Informant	George W.E		neytown',Md.			
17Buria (Burial, cremation	ory Lutherar	Church				
			/d.	injured at home, farm, industry, public place (who	ere?)	
18. Funeral director			N	7 //	1	
19 Mar. (Date rec'd by r	2 4 194 8	Ethe	n, Md. I ny Meling Regisfar	Address May Fm	M. D. or other  M. D. ar other  M. D. ar signed 3/72/88	



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Tokoma Park

Flower Ave.

02601

Montgomery

3. (b) Social Security Number

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

Dist No 74

#### CERTIFICATE OF DEATH

Carroll  Sykesville  (If outside city or town limits, write RURAL and a low long in above place of death? 12 days  lospitat, institution, or street address where death occurred:  Springfield State Hospitatow long in hospitator institution? 12 days  [Some long in hospitator institution in	State Mary land Toko City or lown (if outside c Street No. 821 F1
Nale   5. Color or race   6.(a)Single, married, wid   Married	lowed, or divorced M  2D. DATE DF DEATH
February 20, 186  8. AGE: Years   Months   Days   It tess the Second of Seco	an one day  .hrs. min.  Va a a and that f last saw h a mediate cause of death  Generalized a Hypertensive  Due to Brochopn
10. Usual occupation	
12. Name Saxony, Germany  13. Birthplace Saxony, Germany  14. Maiden name Fredricka Painter  15. Birthplace Saxony, Germany	Cerebral a
t6. Informant Hospital Records	
(Burial, cremation, or removal, Which?)  Cemetery or crematory. Grace Jell  Location Martinsburg A. V.  18. Funeral director. Hogalishisotty & Coffee  Address Martinsburg, W. V.  (Date rec'd by registrar)	Where did injury occur?  tojured at home, farm, industr  Maans of injury  23. SIGNATURE

MEDICAL CERTIFICATION	
20. DATE OF DEATH. March 15 19 48	7:00P
21. I CERTIFY that death occurred on the date above stated; that I attended do March 3. 18. 48. to March and that f last saw h im alive on March 15,	15 1948 1948
Immediate cause of death Generalized arteriosclerosis Hypertensive cardiovascular diseas	DURATION ?
Brochopneumonia	2 days
Due to	*****
Other conditions Psychosis with	18 mos.
Cerebral arteriosclerosis (Include pregnancy within 3 months of death)	
Major fiedings of operations	
Actorsy results	
22. VIOLENCE: If death was due to external causes, till in the toflowing:	
Accident, suicide, or homicide Date ot	***************************************
Where did injury occur?(City or town) (County)	(State)
tnjured at home, farm, industry, public place (where?)	**************
Maans of injury injured all work?	
23. SIGNATUR Joseph X/, Marsball	M.D.
Addres Skhrigheld Stell Hystell Date signi	3/16/48

MAP 18 1948

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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Barrie .	-	-	1	

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#### CERTIFICATE OF DEATH

1

Reg. Dist. No.

City or town	(For newborn infants give residence of mother)  State	
3. (a) FULL NAME Madison Bartlet	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Thite Hidowed	MEDICAL CERTIFICATION  20. DATE OF DEATH MY 13 1948 21 5:44	1
6.(6) Name of husband or wife Sulas Mae Bartlett	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) July 6, 1867	and that I last saw h	
8. AGE: Years Months Days If less than one dayhrsmin.	Caremonia of Marit	
9. Birthplace (Town, county, and plate)	Oue to	••••
10. Usual occupation. Lewis Drop  11. Industry or business Own Shop	Due to	
12. Name andrew Bartlett  13. Birthpiace New York	Other conditions	
14. Maiden name Martha Bartlett  15. Birthplace  Mew York	(thelude pregnancy within 3 months of death)  Majur findings of operations	
El 15. Birthplace  16. informant Mrs Gert Larrison	Autupsy results	
Address new york	PHYStCIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:	_
(Burial, cremation, or removal, Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory of the Location The Destinant steel and the Location The Destinant of the Location of th	(City or town) (County) (State) Injured at homes farm, industry, public place (where?)	
18. Funeral director. O. D. Juss Bon. Address Fancy towns md.	Meens of Injury trijured at work?	
18 March/6 18 48 Margoret P. Engle (Date rec'd by registrar)	Addres Parkennilles M. Date signed	1

MAR 26 1948

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1. PLACE OF DEATH:

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

6.(b) Name of husband or wite.....

Years

69

10. Usual occupation.....

3. (a) FULL NAME

female

7. Birth date of deceased (mo., day, yr.)

9. Birihplace.....

11. Industry or business

12. Name.....

13. Birthplace

14. Maiden name.....

17 burial
(Burlal, eremation, or removal. Which?)

14. Maiden na 15. Birthplace

Address

18. Funeral director ...

(Date ree'd by registrar)

Address

8. AGE:

Carroll

5. Color or race

Maryland

Carroll County, (Town, county, and state)

George Freyman

Rural Westminste

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2411 N. Charles St., Baltimore

CERTIFICAL	IE OF DEATH	Reg. Dist. No.	
arroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Rural Westminster le city or town limits, write RURAL and give nearest town)	state Maryland	County Carroll	
le city or town limits, write RURAL and give nearest town) sath?	City or town Rural We	stminster imits, write RURAL and give nearest town)	
eath?et address where death occurred:	Street No. Route	e 6	
	Street Ro. (If rural,	give LOCATION)	
itution?	2.(a) If veteran, name war		
Margaret Ann Beard		3. (b) Social Security Number none	
Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
white widow	20, DATE OF DEATH	arch 2 1948 12:05pm	
lte	aed that I last saw h	e above stated; that I attended deceased from 19.4.8. to here. 2. 19.4.8.	
April 26, 1878	Immediate cause of death Care	DURATION DURATION	
10 5min.	2 Parene	3	
	10 - 1 - X >	sellitus sum	
Carroll County, Md.	Due to William Co.		
none	Doois / Lupertenai	or cardio 10gen	
	vosculu	alox	
eorge Freyman	Other conditions Carreers	ma 2	
aryland	Siver perior	dans from panasers	
Louisa Williams	(Include pregnancy with		
Maryland	Major findings of operations		
Margaret Eisberg	Autopsy results		
	PHYSICIAN: Please underline the cause	to which death should be charged statistically.	
Westminster, Md.	22. VIOLENCE: It death was due to externa	al caueee, till in the tollowing;	
removal, Which?)  Date thereot	Accident, suicide, or homicide	Date of	
Deer Park Cemetery	Whera dld Injury occur?(City or to	wn) (County) (State)	
Smallwood, Md.	Injured at home, farm, industry, public place	e (where?)	
J. Francis Reese	Msane of Injury	tnjured at work?	
Westminster, Md.	No!		
	23. SIGNATURE CITBUL		
1948 L. C. Woodward Registrar	Address Westminst	Ex, Kind. Date signed 3-3-48	



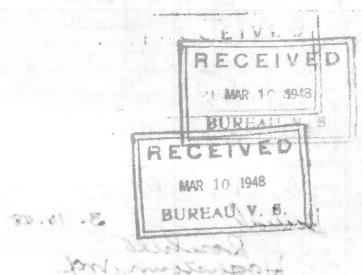
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

02604 Reg. Dist. No. 74

How long in above place Hospital, institution, or Springf.	Carro	sville limits, write F pers, 1 e death occurred e Hospi years,	URAL and give nearest town)  1 months, 8 days  1: tal  11 months, 8 days	City or town	OF DECEASED: of mother) County Land give no mits, write RURAL and give no rive LOCATION)  3. (b) Social Security	marest town)
3. (a) 1 out 11.	Clar	ra A. B	etts		J. (0) Docial Decailty	11 Em oct
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
female	white	mar	ried	20, DATE OF DEATH March 8,	19. 48	4.15a
6.(b) Name of husband 7. Birth date of deceased (mo., day, )	Decemb	liam H.	c) If alive, give ageyear	and that I last saw nalive on	19 42 10 March 7	19.48.
8. AGE: Years		Days 8	It less than one dayhrsmin	Immediate cause of death	S	3 days
ft. Usual occupation	housewo	ork	, Md., state)	Due to arteriosclerosi sive cardio-vascul	ar disease tus	15 years 9 years
程 12. Mame	lliam Hunt Marylan			Other conditions Schizophren about		70 years
14. Maiden name.	Julia N Marylan	ıd	•			
	ospital re ingfield S	tate Ho	*	Autopsy results. PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external	which death should be charged	statistically.
	n, or temoval. Which	And	(month) (day) (year)	Accident, suicide, or homicide	Date of (County)	(State)
fB. Funeral director	Hizel	U	Leaf.	Injured at home, farm, Industry, public place Msans of injury	Injured at work?	
Address  19. Mas  (Date rec'd by re	8 1948 egistrar)	Q	Harry Heer Registra	Springfield Sta		



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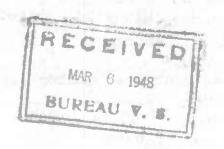
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

MAO.	G	1	14	MAR	12	1948	CERTIFICATE OF DEATH

TITA MAN 12 1346 CERTIFICAT	E OF DEATH Rog. Dist. No. 74			
County Carroll City or town Henryton Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch Henryto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give reaidence of mother)  State			
George Edward Boston	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male col Single	MEDICAL CERTIFICATION P  20. DATE OF DEATH. March 3 19 48 21 6:10 M			
6. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  February 18 19.48 to Farch 3 19.48  and that I last saw h. im. alive on March 3 19.48.  Immediate sause of death DURATION			
8. AGE: Years Months Bays If less than one day  67 5/ 11 24	Pulmonary Tuberculosis Aug 1947			
9. Birthplace ack River Rd. Baltol Md.  (Townscounty, and state)  10. Usual occupation Laborer  11. Industry or business  12. Name George A. Boston  13. Birthplace Maryland  14. Maiden name Jennie Johnson	Due to  Due to  Differ conditions			
15. Birthplace Unknown  18. Informant Deceased	Major findings of operations.  Date of op.			
Address  17 Certain, or removal. Which Called (month) (dest) (year)  Cometery or crematory  Location  18. Funeral director  Address  19. March 3  19. 48  (Date rec'd by registrar)  Local Leputy  Registrar	PHYSICIAN: Please woderline the cause to which death should be charged statistically.  22. ViOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02606

#### CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:  County. Carroll  City or town. Sykesville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 4 months, 16 days  Hospital, Institution, or street address where death occurred:  Springfield State Hospital				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washington  City or town Smithsburg (If outside city or town limits, write RURAL and give nearest town)  Street No		
3. (a) FULL NAM	ME AUL RICHARD	BOWSE	R		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
М	W		SINGLE	20. DATE OF DEATH March 1	19. 48	af 2:35 A
	•••••	6. (0	c) If alive, give ageyears	2f. I CERTIFY that death occurred on the date above October 15 19	47, March	194
deceased (mo., day,		er 14,	1910	Immediate cause of death		OURATION
8. AGE: Yea	rs Months	Days	ft less than one day			
37	3.	17		Pulmonary Tuberculosis		2/1/43
9. BirthplaceSabillasvilleMaryland  (Town, county, and State)  1D. Usual occupationFarmHand  11. Industry or business Agriculture				Due to		
12. Name Isaiah Bowser   13. Birthplace   mithsburg, Maryland				Other conditions Schizophrenia		1/37
-	Pearl Kend Smithsbu		ryland	(Include pregnancy within 3 m		
16. Informant Record, Springfield State Hospital  Address Sykesville, Maryland  17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Smithsburg  Location Smithsburg Md.				Autopsy results		
				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide  Where did injury occur?	Date of	(State)
					Injured at work?	
Address	George Smiths be	ng ;		23. SIGNATURE buck X. Address Sykesville, Mary	marsha!	L, 7.0 3/1/48

MAR 3 1948 BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  tounty. Carroll  City or town. Menryton. Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 4 month 9 days.  Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  How long in hospital or institution? Colored Branch, Henryton  3. (a) FULL NAME  Earlane Brown					s, write RURAL and give no	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	P.
female	col	Sin	gle	20. DATE OF DEATH. March 7	19 48	5:05 M
6.(b) Name of husband	or wife	6.(0	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about the compact of	ove stated; that I attended dec 47 to March	7 19 48
deceased (mo., day, )		ST 8	1913	Immediate cause of death		. OURATION
8. AGE: Years				Pulmonary Tubercu	llosis	March
34	6	28	hrsmin.		***************************************	1947
10. Usual occupation	9. Birthplace Charleston, S. Carolina (Town, county, and state)  10. Usual occupation None			Due to		
12. Name. JO	seph Bro	wn		Other conditions		A Carrie
13. Birthplace	S. Carol	ine		(Include pregnancy within 3		
14. Maiden name Mamie Baldwin  15. Birthptace S. Carolina  16. Informant Deceased			1	Major fiadiags of operations		
				Autopsy results	hich death should be charge	d statistically.
17 Burnel Bate thereof 3 10-11 5 (month) (day) (year)			eof 3 10-45 (month) (day) (year)	22. VIOLENCE: If death was due to external ca	Date of	
Cemetery or crematory. Cemetery				Where did injury occur?(City or town)		
Location Int - Culburan			2	Injured at home, farm, industry, public place (w		
18. Funeral director of the format of the fo			23. SIGNATURE TOURS	Injured at work?	m.D.,	
(Date rec'd by re	gistrar) LOCE	l Dep	uty Registrar	Address Henryton, Mar	. J. L. Bate signed	21.17.40

MAR 10 1948

PLAINLY, WITH UNFADING INK. Supply every item of information careful, is especially important. Physicians: please write the causes of death clearly and

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#### MARYLAND STATE DEPARTMENT OF HEALTH

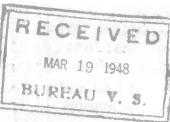
2411 N. Charles St., Baltimore

02608

## CERTIFICATE OF DEATH

Reg. Dist. No. 74

OBRITITON.	Reg. Dist. No.		
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
City or town	State Baltimore County or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 203 N. Parrish Street  (If rural, give LOCATION)		
3.(a) FULL NAME	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.M		
male col Widowed	20. DATE DF DEATH March 17 19 48, 21 5:15 P		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 3 19 48 to March 17 19 48 and that I last saw h. im. alive on March 17 19 48		
7. Birth dafe of deceased (mo., day, yr.) July 18, 1896	In-distriction DURATION		
8. AGE: Years Months Days If less than one day 51 7 28hrsmin.	Pulmonary Tuberculosis June 1947		
9. Birthplace	Due to		
12. Name Eugene Brown 13. Birthplace Charlotte Hall, Md.			
14. Maiden name	(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Deceased	Actopsy resolts		
Address  17 Barriel, cremation, or removal, Which?)  Cemetery or crematory  Location  Address  Date thereof  (month) (day) (year)  Cemetery or crematory  Location  Address  Date thereof  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
18. Funeral director. Mas / Cultin / A. William  Address 3224 Chan day Se  19. March 17 19 48 Albert Registrar  (Date ree'd by registrar) LOCAL DEPUTY Registrar	Means of Injury  Injured at work?  23. SIGNATURE Reader M. D. or other  Address Henryton, Warrand Date signed 3/17/48		



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

				1			
I. PLACE OF DEATH:  County Carroll  City or town Henryton Maryland  (If outside city or town limits, Write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			9	Slate Maryland County			
			URAL and give nearest town)				
How long in above place	ce of death? 1 1	onth	25 days	City or town Baltimore (If outside city or town limits,	write RURAL and give ne	arest town)	
Hospital, institution,	or street address where	death occurred	i:	Street No. 108 N. Carrol	lton Ave.		
Maryland	Tubercul	osis	Sanatorium	(If rural, give I			
How long in hospital	or institution? CO.	ored	Branch, Henryto	Υ.(α) If veteran, name war			
3. (a) FULL NAM	ME				3. (b) Social Security	Number	
	Patt	T Ann	e Catherine Ca	ampbell			
4. Sex	5. Color or race	6.(a)Singl	e Catherine Ca	MEDICAL CE	RTIFICATION	A.	
female	col	Si	ngle	20. DATE OF DEATH March 11	148	at8: 35w	
0 (3) No. 1 of books	d or wife			21. I CERTIFY that death occurred on the date above	e slated: that I attended dec	eased from	
6.(0) Name of nusuan	id of wife			January 15	48 h March	11 19 48	
7. Birth date of		6.(	c) If alive, give ageyears	and that I last saw h er alive on Mar	ch ll	1948.	
deceased (mo., day	.yr.) Septem	ber 2	TLARS	Immediate cause of death		DURATION	
8. AGE: Yea		Days	If less than one day	Pulmonary Tubercul	losis		
24	5	19	hrsmin.		***************************************	12, 1948	
			rginia state)	Due to			
1D. Usual occupation	Mone		••••••••	Buo to		***************************************	
11. Industry or busine	ess	J 1 1 1 1		Due to			
		ells		Other conditions			
	Unknown						
E 13. Birtiplace		Comph	011	(Include pregnancy within 8 months of death)  Major fiadings of operations			
E 14. Maiden nam	Carrie Unknown eceased	Campo	ell				
15. Birthplace	Unknown:						
18. Informant D	eceased			Autopsy results			
Address				PHYSICIAN: Please anderline the cause to which death should be charged statistically.			
	/		717 UR	22. VIOLENCE: tf death was due to external caus			
17. Date thereof			eof (month) (day) (year)	Accident, suicide, or homicide	Date of		
			Mone	Where did injury occur?(City or town)	(County)	(State)	
-> PT				Injured at home, farm, industry, public place (who			
Location	- Sallya	Y VIB	AT II	Means of injury	tniured at work?		
18. Funeral director.	ms	Nas	null 1. Hemsle	means of many	Injuried at Works		
Address 578. Birddel st.			1 st.	23. SIGNATURE Roulieur NO	Huan m	or other	
			eput v Registrar	M. D. or other  Maryland Date signed 3/11/48			

MAR 15 1948

#### 2411 N. Charles St., Baltimore

02610

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T	DE	ATT	I	P		1

the second partition	TE OF DEATH Reg. Dist. No.
LACE OF DEATH: County Carroll  Cily or town Sykesville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 yr. 3 months 6 days  Hospital, institution, or street address where death occurred:  Springfield State Hospital  How long in hospital or institution? 1 yr. 3 months 6 days  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltimore  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veleran, name war.
Carter, Wilson Henry, Jr.	3. (b) Social Security Number
4. Sex male  5. Color or race white  6.(a)Single, married, widowed, or divorced widower	MEDICAL CERTIFICATION  20. DATE DF DEATH
8. (b) Name of husband or wife Rebecca. Winks, dec.  6. (c) If alive, give age yea  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  85  9  28	September 1. 19/17 in March 31 19/10
9. Birthplace Baltimore, Maryland (Town, county, and state)  10. Usual occupation Carpenter  11. Industry or business	Oue to Terminal Broncho preumonia (4/23/40 03)
12. Name John F. Carter 13. Birthplace Carroll County, Maryland 14. Malden name Marietta Lemon 15. Birthplace Maryland	Other conditions  Senile psychosis 5 yrs.  (Include pregnancy within 3 months of death)  Major findings of operations 5 yrs.
16. Interment Records of Springfield St. Hospital  Address Sykesville, Maryland  17. (Burial, cremation, or panoval, Which?)  Cemetery or crematory Results Maryland  18. Funeral director.  Address Pekeswelle Maryland  19. (Date reed by registrar)  19. (Date reed by registrar)	Antopsy vesults

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MARGIN

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

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1		Fage	1.7	1	8

Reg. Dist. No. 70

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	County Co
How long in hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME David Diggs C	Plack  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced make Maried	MEDICAL CERTIFICATION  March 3 1048 at 1 5 P M
8. (b) Name of husband or wife. Annual Sell Clask  8. (c) If aliva, give aga. 72 yeara  7. Sirth date of dacaasad (mo., day, yr.)  8. AGE: Yaara Months Pays If less than one day	21. I CERTIFY that death occurred on the date above atatad; that I attended deceased from Sept. 5 18.47 to Mar. 3 19.48 and that I last saw hura allyg on March 3 18.48.  Immediate cause of death Remail Farlure DURATION
9. Birthpiace (Town, county, and atate)  10. Usual occupation armes	Due to Thyperterno
11. Industry or business Own Farm  12. Name Land Brackensidge Clark  13. Birthplace . Urginia	Other conditions
14. Maldan name Darothy Williams  15. Birthplaca Virginia	Major findings of operations
Address Aney Town P#1, MA  17. Buriel Date thereof May: 6,1948  (Burial, cremation, or removal, Which?)  Date thereof May: (month) (dgy) (year)	Antopsy results
Cametery or crematory Lighty Creek Presbylerian  Location Mr. Janey town, My	Where did injury occur?
18. Funeral director. O Liess OSon  Address Anelytown Melinie  19. March \$ 24 8 Ethel M Melinie  (Date rec'd by registrar)  Registrar	23. SIGNATURE DA Saley h.  Address Taney Lown M.M. Date signed 315/48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and FOR BINDING MARGIN RESERVED

RITE

PLEASE

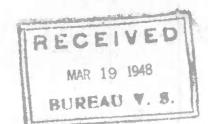
MAR 9 1948
BUREAU V. S.

WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

County	Mt. tside city or town t death?	ىل death occurred	URAL and give nearest town) Ife	City or town (If outside city or town limi	f mother) Carroll Ty ts, write RURAL and give neerest town)
3. (a) FULL NAME		PAUL	W. CLARY		3. (b) Social Security Number 213-18-8772
4. Sex Male				10	CERTIFICATION  16 19 + 8 1 5 3 UA
Bessie E. Clary  6.(b) Name of higher wife  Bessie E. Clary  6.(c) If allve, give age. 45  7. Birth date of deceased (mo., day, yr.)  Nov. 3, 1898			e) If alive, give age 45 year	and that I last saw halive on	
8. AGE: Yeare   Months   Days   If less than one day   49   4   13			hrs. min	Immediate cause of deeth October Due to Sheumatic Jo	DURATION
10. Usual occupation  11. industry or businese  12. Name	Mt. Air	ry Hig wrice Maryl	h School E. Cl <b>e</b> ry and	Due to	
14. Maiden name 15. Birthplace	Bessie	Maryl		(Include pregnancy within 3	Date of op
Address Mt. Airy, Md.  Burial Date thereof 3-18-48  (Burial argumation or removal Which?)  Cemelery or oremator, Prospect  near Mt. Airy, Frederick Co. Md.  C. M. Waltz  Address Winfield, Md.			3-18-48 (month) (day) (year)	PHYSICIAN: Please underline the conse to v  22. VIOLENCE: If death was due to external ca	which death should be charged statistically.  auses, till in the tollowing;  Date of
			ederick Co. Md W <b>a</b> ltz	Injured at home, farm, industry, public place (in Meane of injury)	



WRITE

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02613

#### CERTIFICATE OF DEATH

leg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Co	State 2nd County Baltinge City
(If outside city or town limits, write RURIL and give near st town)	Batterness
How tong in above place of leath?	(If outside city or town limits, write RURAL and give nearest twon)
Hoapital Institution, or street address where death occurred:	Street No. 11/6 N. Eutaw St.
How tone in hospital or institution?	(If rural, give LOCATION)  2.(G) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Le Ernest Councilly SR.	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 W Widtwed	20. DATE OF DEATH March 26, 1948 at /2:50 P.
8.(6) Name of hueband or wite Elizabeth & CONNOLLY	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
	June 12, 1846, 10 march 26, 1848
7. Birth date of	and that I last eaw & Lorina alive on
deceased (mo., day, yr.)  8. AGE: Yeara   Montha   Daya   If less than one day	Immediate cause of death
59 9 9hrsmin.	Actoria Continuos de la continuo del continuo de la continuo de la continuo del continuo de la continuo del continuo de la continuo de la continuo de la continuo del continuo de la continuo dela continuo de la continuo de la continuo dela continuo dela continuo dela continuo de la continuo dela continuo dela continuo de
4 44	Arlerios flerolic heart dislace 2 yes.
(Town, county, and state)	Duo ta
10. Uaual occupation.	Due to
11. Industry or busineea	
12. Name Sames A. Coungly	Other conditions Psychoris with chronic alcoholicis, & yes
3 13. Birthplace Baltimere MA.	Rosalsouis Ayaltons (Include pygnancy within 3 months of death)
置 14. Maiden name Eleanora Nevin	V
14. Maiden name Eleanora Nevin  15. Birthplaco Ballingel, 4d	Major fiadings of operations
MOINTE E CONNOLLITE	Autoosy results.
- 2 M - 2 K DA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrese 230 MVR JOCK Rd	22. VIOLENCE: If death was due to externat causes, fill in the following;
17. Date thereof (month) (day) (yegr)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location RAYO MJ	Injured at home, farm, Induatry, public place (where?)
11) To Tologo 4. Jans Tale	Maana of Injury Injured at work?
18. Funeral director	1 11 110 1 11 11 11 11
Addreee BDL 10 - MD	23. SIGNATURE JOSEPH X/ Marshall M.D.
10. 3/29 10 Aw, reduck	So tempheld State Markital 3/26/48
(Date rec/d by registrar)	Address July Signed

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg.			N	
Reg.	Dist.	No.	/	0

	Rog, Dist. No.
X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants five residence of mother)
City or town	State Many County Count
How long in above place of death?	(If Atside city or town limits, write RURAL and give nearest town)
Carroll Carety House	Sireet No
How long In hospital or institution? About 4 years	2.(a) If veleran, name war
Involler Swight Crigger	3, (b) Social Security Number
4. Sex 5. Color of face 8. 6 Single, married, widows of divorced married.	MEDICAL CERTIFICATION  20. DATE OF DEATH 3 2 16/8 at 6/4 N
6.(b) Name of husband or wife. San Belle Crygger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Quly 2-8, 1868	and that I last saw harmalive on 3 - 21 - 19.4.8
8. AGE: Years Months Days If less than one day 24	Immedia cause of death DURATION / WK
9. Birthplace Penal Retreat withe Co. Va.	ardias de combrasation 1 mes
10. Usual occupation January Calonia	Due to Due to
11. Industry or business  12. Name Crygin  13. Birthplace Panal Return U4	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Lasassa Olchard.	Major findings of operations.
16. Interment Pass Sta Bella Cripper	Autopsy results
Address 287 E. Main & hest punta 19	PHYSICIAN: Please underline the cause to which death should be charged statistically.  - 22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, sulcide, or homicide
Cemelery or engineery Medicas Santiell Statistics	Where did Injury occur? (County) (State)
Location Manal Man Lords Minutes Min	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director	( 0 1)
Address Westmander Mr.	23. SIGNATURE M. D. or other
19. (Date recki by registrar)  Registrar	Address Broken Son Bate signed 3 - 22 - VS

MAR 24 1948

information carefully, of death clearly and le

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

2,0	-		
		-	 

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Carroll				and and			
City or town			RURAL and give nearest town)	State Maryland County County			
How long in above place of death? 4 year 2 month				City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium			d:	Street No. 218 E. Federal Street			
				(If rural, give		,	
		ored	Branch, Henryto	2.(a) If veteran, name war			
3. (a) FULL NAME					3. (b) Social Security 1	Number	
William Datcher			m Datcher	218-10-5716			
4. Sex				MEDICAL CERTIFICATION			
male	col	lina a	rried	2D. DATE OF DEATH March 8 19 48 at 12:			
6.(b) Name of husband	or wife Luve	enia	Datcher	21. I CERTIFY that death occurred on the date ab	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
				January 8	44 to March 8	3 19 48	
T. Birth date of				and that I last saw h. 1	irch 8	19.48	
	ceased (mo., day, yr.) September 18, 1890		Immediate cause of death		DURATION		
o. Aut.				Pulmonary Tuberc	ulosis	Nov.	
557		19	hrs. min.	-		1943	
9. Birthplace.Bir.	mingham	, Ala		Due to		***************************************	
9. Birthplace.Birmingham, Ala. (Town, county, and atate)  10. Usual occupation. Laborer							
1D. Usual occupation				Due to			
11. Industry or busines		a la a ac			***************************************		
12. Name Isaac Datcher 13. Birthplace Alabama				Other conditions	•••••	***************************************	
₹ 13. Birthplace Alabama				(Include pregnancy within 3	months of death)		
불 14. Maiden name Lula Baker			***************************************	Major findings of operations.			
14. Maiden name Lula Baker 15. Birthplace Unknown				Major findings of operations			
Doogoad				Actorsy resolts			
				PHYSICIAN: Please underline the cause to which death should he charged statistically.			
Address			1	22. VIOLENCE: If death was due to external ca	uses, fill in the following:		
11 stired	n, or removal. Which	Date the	reof	Accident, suicide, or homicide			
			Cem. (day) (year)	Where did injury occur?(City or town)			
						(State)	
Location Baltimore, Maryland			and	Injured at home, farm, industry, public place (where?)			
18. Funeral director	Mrs	Jul	u a Malla	Means of Injury	Injured at work?		
Address	2224	SCI	wieder Se	23. SIGNATURE / Cercley 0	Huan M. D.	.D.	
19 March	8 19 48	all	Les K. Swanth	Hannet Man	M. D. d	3/9/19	
(Date rec'd by re	gistrar) Loca	1 Dep	utv Registrar	Hadress Henryton, Mar	yland Date signed	2/0/40	

MAR 11 1948

APR 3 1948

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02617

# CERTIFICATE OF DEATH

Reg. Dist. No...

Ceunty  City or town.  (If outside city of town limits, write EUIAL and give nearest town)  How leng in abeve place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME  Sharad Huy Forest	3. (b) Social Security Number
4. Sex 5. Celor or race 6.(a) Single, married, willowed, or divorced  M  8.(b) Name et husband or wife  8.(c) It alive, give age  7. Birth date et	MEDICAL CERTIFICATION  20. DATE DF DEATH
8. AGE: Years Months Bays It less than one day hrs. min.  9. Birthplace (Town, county, and state)	Immediate cause of death ANGINA PECTORIS DURATION 2 Pays
10. Usual occupation	Bue to
14. Maiden name. Sarah Wisner  15. Birthplace Carroll Com M. Fasser  16. Interment. Margarel M. Fasser	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of ep.
Address Janustown M d  17. Busine Date thereof 4. 1. 48 (Burial, cremation, or removal. Which?) Cemetery or crematory Sulflers Camelons	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
18. Funeral director Augustan Bridge Marth 3/ 19 H Marth 5 Marth 19 Registrar	Injured at home, farm, lodustry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  Address THNEY TOWN MD.  Bate signed 3-31-48

APR 7 1948

The correct age

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

16. Funeral director

(Date rec'd/by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

02618 -

	CERTIFICAT	E OF DEATH Reg. Dist. No	1.
	1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RUMAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	rest town)
I	How long in hospital or institution?	2.(a) If veteran, name war	
	Sece Jane Forty	3. (b) Social Security 1	Number
	4. Sex 5. Cylor or race 6.(a) Single, margod, widowed, or divorced  W. Wallowed  6.(b) Wame of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. f CERTIFY that death occurred on the date above stated; that I atlended decea  19 15 to  and that I last saw here alive on the date above stated.  Immediate cause of death.  Due to.	at 6 a m sed from 95 1948 1948  DURATION +
12. Name		Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.	
	16. Informant Address West Manual Bale thereof. (Burial, cremation, or removal, Which?)  17. (Burial, cremation, or removal, Which?)  18. Informant Address Ad	Autopsy results  PHYSICFAN: Please underline the cause to which death should be charged so  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	etatistically.

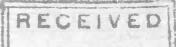
Means of injury

injured at work?

(State)

(City or town)

Injured at home, farm, industry, public place (where?)



MAR 31 1948

# MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change of birthdake shown on:	ee St., Baltimore	
	TE OF DEATH Reg. Dist. No	74
1. PLACE OF DEATH: county Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2. Months 19 days	State Maryland County Talbot  City or town Oxford (If outside city or town limits, write RURAL and give near	rest town)
Hospilal, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  How long In hospitat or Institution? Colored Branch , Henryto	Sireet No	· /
3. (a) FULL NAME	3. (b) Social Security N	
Victoria Frances Greene		188001
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	A.
female col Married	20, DATE OF DEATH. March 24 19 48.	7:45
6.(b) Name of husband or wite. Charles E. Greene  6.(c) If alive, give age. 46. years 7. Birth date of deceased (mo.,day, yr.) March 12, 1915 1903	21. I CERTIFY that death occurred on the date above stated; that tattended decear January 5 19. 48 to March 2 and that I last saw h. ar alive on March 24	24 <sub>19</sub> 48 19 48
deceased (mo.,day, yr.) MATCH 12, 1703  8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis	DURATION
45 0 12hrsmin.	Palmonary Luberculous	July 1947
s. Birthplace	Due ta	***************************************
1D. Usuat occupation Housewife	Due to	***************************************
11. Industry or business		***************************************
置 12. Name Greenby Brooks	Diher conditions	***************************************
3 13. Birthplace Maryland	(Include pregnancy within 3 months of death)	
E 14. Maiden name Henrietta Sherwood	Major findings of operations	
14. Maiden name Henrietta Sherwood  15. Birthplace Maryland  16. Internal Deceased	Date of op.	
16. Informani Deceased	Actorsy results	statistically,
Address	22. VIOLENCE: tf death was due to external causes, fill in the following:	
17	Accident, suicide, or homicide	
Cemetery or crematory. Complement	Where did Injury occur?	(State)
Control of the second	Injured at home, farm, industry, public place (where?)	
18. Funeral directo Sulvivi Bond males	Msans of injury Injured at work?	
Address Addres	23. SIGNATURE Pleu Leu Antrigan, m	. Q.
19. March 24 (Dato red'd by registrar)  19. March 24 (Dato red'd by registrar)  Local Deputy  Registrar	M, D. o	or other 3/24/48

MAR 26 1948
BUREAU V. S.

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ARTMENT OF HEALTH
St., Baltimore 93

02620

# CERTIFICATE OF DEATH

og. Dist. No. 74

1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME Josephine Crass Hull	3. (b) Social Security Number
4. Sex  5. Color or race  Widowed  Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  20. DATE OF DEATH  20. D
8.(b) Neme of hueband or wife	21. I CERTIFY that death occurred on the date above eteted: that fattended desceed from July 22, 1947, 10 July 17, 1948  and that I leet caw h & Alive on Warls 12, 1948
8. AGE: Yeare Months Days If leee than one day  8 /7	Immediate cause of centh  Jeweralized arteriosclessis  Chronde myscarchitis  3.
10. Veual occupation. Houslings  11. Industry or business  12. Neme. Glorge C. Crass  13. Birthplece Germany	Oue to
14. Melden name Catherine F fleigh  15. Birthplece Pennsylvania	(Include pregnancy within 8 months of death)  Major findings of operations
Addrees  17. Dete thereof May 20, 1948. (Burial, eremation, or removat. Whish?) (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If deeth was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or cremejory of Johns Cemelerge Location Meximinates Management of Sursa Asian	Where did injury occur?
19. May 13 19.48 Ofany Here (Date rec'd by registrar)  Registrar	23. SIGNATURE Joseph H. Warshall M. D. or other Address Aunghild State Hospital Dete eigned 3/17/48.

# MARYLAND STATE DEPARTMENT OF HEALTH

ALVEL Disease St., Justinian

# CERTIFICATE OF DEATH

Regulater, No.

MACE OF PEATH.	A USEAL RESIDENCE (ENDINEE) OF DECEMBE.	
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	Sept. Colored Avenage	
BAN JUY (c)	1 (1.1.1) (7 (1.1.1) 31.00 mm + 10.00 mm (1.1.1.1)	
	y (b) Sarial Security	
Anteria ve Američia Aprilian argunita i Bili sala se venik di 1988.	MEDICAL CERTIFICATION Dames with	
affix or, breaks of the break of the	the Estable had been associated with the state of the sta	Ort Hos
	m seri	
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MAR 19 1948		
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2411 N. Ch	arles St., Baltimore		
CERTIFICA	ATE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County. City or town limits, write RURAL and give nearest town) How long in above place of death? Charles where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residouce of mothor)  State  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) it veteran, name war.		
3. (a) FULL NAME William Thomas	e Harris 3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 28 19.48 21.5:15P		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred oo the date above atated; that I attended decased from  19. 4. 8. to 19. 4. to 19. 4. to		
8. AGE: Yeara Months Days It less than one day	Immediais cause of death. Substitution Occupantion Substitution		
B. Birthplace (Calabaration (Town, county, and state)  1D. Usual occupation.	general y myo gardial  Dudo degeneration		
11. Industry or business  12. Name Daniel Harris  13. Birthplace Garrolf Go. Md.	Diher conditions		
14. Maiden name Darah mc Caffey.  15. Birthpiace barrel 60. m. 2.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.		
16. Informant mire alma m. Gaffrey  Address Liferty St. Westminster, Md.	Antopsy results		
17. Burial, cremation, or removal. Which?) Date thereof filed (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, aulcide, or homicide		
Location (1) Locat	Where did Injury occur?		
Address (y saturning to )	23. SIGNATURE TYPENS Perfection		
19. (Date rec'd by registrar) Registr	rar Address 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

02622

Reg. Dist. No. 75

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MA Paralector Md Prival	State Mary Land County Carroll
City or town. (If outside city or town limits, write RURAL and give nearest town)	Marchester Md. Rural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No. Cold Corts Toad
all. Josh Clond	(If rural, give LOCATION)
How long in hospital-of Institution?	2.(a) if veteran, name war
3. (a) FULL NAME Sarah. ANN A	1-/erbst. 3.(b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female while Married	20. DATE DE DEATH / Larch 14 19 48 at 3:40 K
6. (b) Name of husband or wife Franklin Herbst.	21. I CENTIFY that death occurred on the date above stated; that i alterned deceased from
L 3	January /8 1940, 10 / Jarch 14 1948
7. Birth date of	and that I last saw h war alive on March. 7. 19.48
deceased (mo., day, yr.) (AUGUST 31, 1874	Immediate cause of death
8. AGE: Years Months Days It less than one day	Grondry Occ/45/0N Succen
73. 6 14m	in. A.
9. Birthplace. TAMPSTEAD ME (Town, county, and state)	Due to but a Cardilis
10. Usual occupation House wife	Due to A A A A
11. Industry or business 7-fonne	Due to sole of he lundes bacerles
	Differ conditions rusine
12. Name Jerge Miller  13. Birthplace Maryland	Uner conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Annie Stop  15. Birthplace Mary land.	Major findings of operations.
15. Birthplace //ary/ard.	Date of op.
16. Informant Frad/ IN Jerbst	Autopsy results
Address Manchester Mary land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Back 16/48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Meucekelles	Where did Injury occur?
tocation Clerical Co med	Injured at home, farm, Industry, public place (where?)
Edus all It	Meens of injury injured at work?
18. Funeral director.	
Address Humpslead Me	7 23. SIGNATURE POILS Charack MD
MARCHIE WAS MARCHER	M. D. or other
(Date read by registrer)	car address / Am Master MA - Baje signed 3-14-4

MAR 19 1948
BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02623

			-	7	1	/	J	
Reg.	Diat.	No.	 6	,	7	• • • • •		

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County	Carroll Rural Sy	kesvill	8	State Maryland county Baltimore Co.				
City or town Rural Sykesville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Instilution, or street address where death occurred:			o, 6 days	City or town Monkton (If outside city or town limits, write RURAL and give nearest town)				
Spring	field Stat	e Hospi	tal mo, 6 days	Street No				
3. (a) FULL NAM	/IE			3. (b) Social Security Number				
	HILE		es Wesley e, married, widowed, or divorced					
4. Sex male	white		dowed	MEDICAL CERTIFICATION  20. DATE DF DEATH. March 10 1948	14.20 P			
	d or wile?		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above slated: that I allended deceased from September 1				
7. Birth date of deceased (mo., day	1		c) II allve, give age	and that I last saw h im alive on March 10				
8. AGE: Yea	rs Months	Days	11 less than one day	Immediate cause of death Arteriosclerosis				
8:	1 5	23	hrsmin.					
			state)	Due to				
当 12. Name				Other conditions Manic depressive psychosis	23 yrs			
	. Clara Si			(Include pregnancy within 3 months of death)				
14. Maiden nam 15. Birthplace	Pa.	4.0.0041		Major findings of operations				
Address Sykesville, Md.  17. Purial (Burial, cremation, or removal, Which?)  Date thereof Mar. 13. 1948 (month) (day) (year)				Antopsy results				
							Cemetery or crema	tory West
Location Balto. Cb., Md.  18. Funeral director. John Busma Sons				Injured at home, farm, Industry, public place (where?)	•••••			
				Mesas of Injury Injured at work?  Manin Sorr, M. I	)			
Address	1 Tom	son, m	Jaryland	22 SIGNATURE Martin Gross, M.D.	or other			
19 mar	12 18 4	5 6	(NV. Toedres	Sykesville, Md. Bate signed				

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02624

Date signed. 3/11/18

CERTIFICA	IE OF DEATH Reg. Dist. No.
City or fown. A county write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County (If outside city or town limits, write RURAL apti give nearest town)  Streef No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME  4. Sex   5. Color or race   S. (a) Single, married, widowed, or divorced	3. (b) Social Security Number  220 - 18-1484  MEDICAL CERTIFICATION
rusle White rearried	20. DATE OF DEATH MARCH 15 1948 at 930 A.M.
6.(b) Name of two band or wife. All of the South of the S	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  196. 10 119. 119. 119. 119. 119. 119. 119.
8. AGE: Years Months Days 11 less than one day 78 6 24 hrs. min. 9. Birthplace Carroll County Ma	Due to
9. Birthplace (Town, county, and state)  10. Usual occupation. (Town, county, and state)	Due 10. Onlini Iclerosis
12. Name Emanuel Hallenbaugh 13. Birtholace Many Canal	Diher conditions (Include pregnancy within 3 months of death)
HE 14. Malden name atherine Mull  15. Birthplace water land	Major fiedings of operations.  Date of op.
Address Surge Bridge, Wed	Autopsy results
17. Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due fo external causes, fill in the following;  Accident, suicide, or homicide
Cometery of commatory Mountain Clear Characters  Location Many Brights Jud	Where did Injury occur?
18. Fungral director al Sular Santalin & Sous	Means of injury Injured at work?
19. March 15 19 48 Jail 2 Alahy (Date rec'd by registrar)  Registrar	Address Musey Budy Date signed 3/15/88

MAR 24 1948
BUREAU V. S.

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S correct age

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 02625

CEL	DTI	CIA	AF	TE .	OF	DEA	TL
CEI		riv	$_{-}A$	I L	Ur	DEA	

Reg. Dist. No. 74

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	med Countle
City or town	StateCounty
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Secretarille P 38
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elmer Ellsworth J	Hord None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m It Kidowed	20. DATE OF DEATH MAN. 36 19 48 at 7 P
6.(b) Name of husband or wife. Cora E.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Man 27 19 48 Alex 3 5, 19 48
7. Birth date of	and that I last saw h Andelive on TM man 29 19.40
deceased (mo., day, yr.) Oct. 21, 1861	Immediate cause of death DURATION
8. AGE: Years   Months   Days   It less than one day	Carlin Vascular Duesce
86 5 9 hrsmin.	
ma	Due 10
9. Birthplace	
10. Usual occupation Januar, Returned	
	Due to
11. Industry or business  12. Name Sylvester Hood	
12. Name Sylvester Hood,	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret a. Brasheau  15. Birthplace Md.	
15 Rirthplace md.	Major findings of operations.
16. Informant Chester & Hood	Autopsy results
Address Systesville Mid,	
	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mongan Chafiel	Where did injury occur?
Valling mi	Injured at home, farm, industry, public place (where?)
Location Advances Miles	Means of Injury Injured at work?
18. Funeral director	
Address Systemille Md.	Jan E. Maeles
agen. 1 1948 Ostany Herr	23. SIGHLIURI M. D. or other
(Date fee'd by registrar)  Registrar	Address andallow Date signer 3/31/48



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

02626

Reg. Dist. No.

1. PLACE OF DEATH: O OO	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Board Ward	State Marisland county Carroll
(If outside city or town limits, write RORAL and give nearest town)	w/ 41 · D ·
How long in above place of death?	(If outside city or town limits, write RightAL and give nearest town)
Hospital, Institution, or street address where death decurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Orville Jon	3. (b) Social Security Number  1/8-09-253-6
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION
m 10 manual	20. DATE OF DEATH Sharely 7 1878 21 1878
Jani Duis Gorges	21. I CEBTIFY that death occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wife.	FIF 21 19.48 10 Mar 2 1948
7. Birth date of 04	and that I last saw h in alive on march 6 18 48
deceased (mo., day, yr.) Mer 15- 283	Immediate cause of death
8. AGE: Years Months Days It less than one day	- ff
64 7 22hrsmin.	Rereferal lemorrhage
9. Birthplace Chilelette Va	Due to
(Town/county, and state)	
1D. Usual occupation.	Due to
11. Industry or husiness	
12. Name Carley Gones  13. Birthplace	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Unitrue	Major findings of operations.
14. Malden name	Date of op.
tan 1 1 Comple	Autopsy results.
Address Mion Bridge Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address VMION ISUAGY, ING	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Marin tour	Injured at home, farm, industry, public place (where?)
Localion 14 the 15	Means of Injury Injured at work?
18. Funeral director month	600
Address min Bridge MG	1/V Leaa
Much 9 48 Tala 9 Testo	23. SIGNATURE. M. D. or other
(Dato rec'd by registrar)	Address Use Aug Trades Date signed 3-8-48

MAR 1 1948

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A15 N MARYLAND STATE DEPARTMENT OF HEALTH

02627

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3			CERTIFICAT	TE OF DEATH Reg. Dist. No	74
How long In above place Hospital, Institution, or Maryland How long In hospital or	ryton, Mit utside city or town li of death? 4 I street address where Tubercu institution? Col	month death occurred losis	nd URAL and give nearest town) 8 days : Sanatorium Branch, Henryto		nearest town)
3. (a) FULL NAME		4 a T a	Tanan	3. (b) Social Securi	y Number
4. Sex female	5. Color or race		ne Jones e, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH March 8 19. 48	1:50
7. Birth date of deceased (mo., day, y 8. AGE: Years 4.3. 9. Birthplace. DOT: 1D. Usual occupation	Months 5 chester ( Town. Cannings	nber Days 25 Co. Ms county, and g Fact	tory	21.1 CERTIFY that death occurred on the date above etated; that I attended do October 29 19.42 10. March and that I last eaw h. er alive on March 8.  Immediate cause of death.  Pulmonary Tuberculosis  Due to.	1 8 19 48 19 48 DURATION April 1947
The second secon	enry Star Maryland			Diher conditions Carcinoma of the cervi	Sept. 2, 1947
14. Malden name.  15. Birthplace  18. Informant. De.C.	Henriet Maryland		nompson	(Include pregnancy within 3 months of death)  Msjor fiadiogs of operations	
Cemetery or premato Location	chester J.J., dudla	Fra Lun	month) (day) (year)	22. VIOLENCE: If death wae due to external causes, fill in the following;  Accident, eutcide, or homicide	m.D

MAR 10 1948

02628

CER'	THE RES	4	THE ST	OF	A. A.	A PETE T
	1 1 14 1	6 'A	H	8 3 54	1314	$\Lambda$ $I$ $H$

CERTIFICAT	E OF DEATH Reg. Dist. No. 74
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newboth infinits give residence of mother)  State Guety  City or town (if outside city or town limits, write RURAL and give nearest town)  Street No.  (If rnral, give LOCATION)  2.(a) If veteran, name war
3. (a) POLL NAME Emma Ofe	atha Kelly 3.(b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or givocced   6.(b) Name of husband or wife.	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months Days   If less than one day	and Ihal I last saw h
9. Birthplace	Que 10.  Que
11. Industry or business  12. Name	Other conditions (Incinde pregnancy within 3 months of death)
14. Maider harry faul full husson  15. Birtholice  16. Information	Major findings of operations
Address  17. Carried Company Date thereof Man. 16. 1948. (month) (day) (year)  Cemetery or crematory.	22. V!OLENCE: If death was due to external causes, till in the tollowing;  Accident, sulcide, or homicide
Location Santhersburg, ma.  18. Funeral director & C. Gartiner	Injured at home, tarm, Industry, public place (where?)
19. Mar. 16 19.48 Starry Heer Registrar	23. SIONATURE AND AND SOCIAL MAN SIGNATURE Address Signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE

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MAR 18 1948

PLEASE WRITE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02629

# CERTIFICATE OF DEATH

eg. Dist. No. 74

	Ave. Place 100 months.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Henryton Maryland	State Maryland County
City or town	nearest town)
How long in above place of death? 20 days	City or town. Baltimore. (If outside eity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 129 S. Bond Street
Maryland Tuberculosis Sanator	(If rural, give LOCATION)
How long in hospital or institution? Colored Branch	Henryton (a) It veteran, name war. I
3. (a) FULL NAME	3. (b) Social Security Number
Hammer Assettan	
Harry Austin  4. Sex   5. Color or race   6.(a) Single, married, widowed,	or divorced MEDICAL CERTIFICATION
	WEDICAL CERTIFICATION
male col Separated	20. DATE OF DEATH March 2 19. 48 7 P.
6.(b) Name of husband or wife Evelyn Collins Le	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	February II 19 48 to Margin 2 19 40
7. Birth date of	and that I last saw h im alive on March 2 19 48
deceased (mo., day, yr.) October 5, 1893	Immediate cause of death
8. AGE: Years Months Days It less than one	Pulmonary Tuberculosis Sept.
54 4 26hrs.	nin. 1947
9. Birthplace Richmond County, Virgir (Town, county, and atate)  10. Usual occupation Laborer	
	Due to
11. Industry or business	
Henry Lee  13. Birthplace Richmond Co., Virginia	Other conditions
13. Birthplace Richmond Co., Virginia	(Include pregnancy within 3 months of death)
14. Maiden name Betty Alice Johnson 15. Birthplace Richmond Co., Virgin 18. Informant Deceased	(Include pregnancy within 3 months of death)
S & Blabelon Di ohmand Co Vingin	Major findings of operations.
21 15. BITTIPLIACE RECUITION OF VITELY	118 Date of op.
16, Informant Deceased	Autopsy results
Address	4
17 Menoral, Date thereof march	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof (month)	(Jday) (year) Accident, suicide, or homicide
Cometery or crematory Baltings lety	Where did Injury occur? (City or town) (County) (State)
Batting Vel-	Injured at home; tarm, Industry, public place (where?)
Location	
18. Funeral director May 1	Means of injury Injured at work?
Address 57 y W. Stille for	23. SIGNATURE ROLLER WAS FURGIL M. D.
18. March 2 18 A8 Charles Local Deputy	Registrar AddressHenryton, Maryland Oate signed 3/2/48.

MAR 8 1948

2411 N. Charles St., Baltimore

02630

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
County	State Min County Washington
City or fown	
How long by above place of seath? Dyna / Mys / Das	(If outside city or town) mits, write RURAL and give nearest town)
Noepital metitution, or street address where death accurred:	Street No.
January Januar	(If rural, give LOCATION)
How long in hospital or hydrution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Salue	regger
4. Sex 5. Color or race 6.(a) Single/married, widowed, or divorced	MEDICAL CERTIFICATION
W Vmgle	20. DATE OF DEATH. 19 4/8 21 5 - 25
	21. I CERTIFY that death occurred on the date above etated; that attended deceased from
6,(b) Name of husband or wife	Jan 19 th 10,33 10/11/12/13 1841
7. Birth date of	and that I last saw h. I alive on Man 5 th 19 4)
deceased (mo., day, yr.)  ACE. Years   Months   Days   If less than one day	Immediate cause ul death
6. AGE: (72)	
83 7 3 min.	Grand Digitarama 10 gu
9. Birthplace	Due ja
Hamberle	and the second
10. Veual occupation	Due Mulium V Mulium Julium
11. Industry or buelneee	Hyperlensen
E 12. Name The July	Other conditions
3. Birthplace Washington	(Include pregnancy within 3 months of death)
14. Maiden name Little Halffall  15. Bir Implace  15. Bir Implace	Major findings of uperations.
15. Birthalace Marhagenton	Date of op.
16 Inter Star Januar Carlynight	Autopsy results
4.80/ William Bod NW/ Host O	PHYSICIAN: Please underline the cause to which death shuntd be charged statistically.
B 1 2-0-40	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof	Accident, eulcide, or homicide
Cemetery or crematory Boss Hell ametery	Where did injury occur?
Location Hagerstown Will	Injured at home, farm, industry, public place (where?)
don to 7 months of Ida	Meane of Injury Injured at work?
18. Funeral director	WIX XI + WIN
Address Hagerstown Md	23. SIGNATURE III A MANAGEMENT OF THE STATE
19 Mar 5 1948 Offany Heer	I whenthe ma 0/5/41
(Date rec'd by registrar) Registrar	Address Date Signed

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LAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and legi

MAR P 1948

2411 N. Charles St., Baltimore

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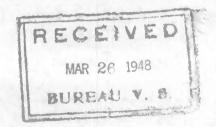
CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACEOF DEATH: County Garroll	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town Westminster Runal and give nearest town)	State 7d. County Carrell
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. 2
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME Horace Celvin I	3. (b) Social Security Number
4. Sox 5. Color or race 6.(u) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION
6.(b) Namo of husband or wife Ellen L. Ging ling	20. DATE DF DEATH. March 2 4 19 4 8 at 5 i 3.0 At 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 8irth date of S.(c) the alive, give age 62 years	and that I last saw hours all ye on march 19 1948
deceased (mo., day, yr.) Many 1 - 1884  8. AGE: Years   Months   Days   If less than one day	Immediais cause of death DURATION
63 16 23hrsmin.	and the second
8. Birthplace G. (Town, county, and state)	Due to arterio selegares de 12420.
10. Usual occupation 2292. Covers James Estate	Duo to.
11. Industry or business  12. Namo William Kump Leftson	Other conditions
13. 8irthplace Courroll Co. md.	(Include pregnancy within 3 months of death)
14. Maidon name herancella frigues in Sura 1.	Major findings of operations
14. Maidon name Carrelia Fridinger  15. 8irthplace Carroll Go. m.1.  16. Informant Mrs. Ellen Yinglin Lephro	Autopsy results
Address 24 Venn. and. Withing 34	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Comotory or crematory Kridera Reformed 6400.	Where did injury occur?
18. Funeral director NB ankard From	Msans of injury Injured at work?
Address Weffminster, Mrd.	23 SIGNATURE Willem Dereber
19. Of 24 18.48 Alluredrum (Date pee'd by registrar) Registrar	M. D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The core is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore

02632

# CERTIFICATE OF DEATH

74

1		Neg. Dist. 170.		
	1. PLACE OF DEATH:  County Carroll  City or town Henryton, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  7 Months, 18 Days  Hospital, institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium  How long in hospital or institution? Colored Branch	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  Couoty  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)		
	3. (a) FULL NAME EDWARD MEEKINS	3. (b) Social Security Number 214-18-4109		
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male Golored Single	MEDICAL CERTIFICATION  20. DATE DF DEATH March 29, 18 48 ,12: No.		
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11, 19. 47 to March 29, 19. 48 and that I last saw h imalive on March 29, 19. 48		
	8. AGE: Years Months Days It less than one day 27 8 25hrs. min.	Pulmonary Tuberculosis Sept.		
	9. Birthplace (Town, county, and state) 10. Usual occupation Farm Helper	Due to.		
	11. Industry or business  12. Name. Charles Meekins  13. Birthplace Maryland	Dither conditions		
	14. Maiden name Agnes Chester  15. Birthplace Maryland	Major findings of operations.  Date of op.		
	16. Informant Deceased :	Autopsy results		
	17	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
	Location Survey	Injured at home, tarm, Industry, public place (where?)  Mesans of injury  Injured at work?		
	Address Very 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	23. SIGNATURE Caley Hoffman M. D. or other Henryton, Md. Date signed 3-29-48		

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and A15 SA

MAR 31 1948

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Local

Deputy

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02633

# CERTIFICATE OF DEATH

74

1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Carroll  City or town Henryton Maryland (If outside city or town limits, write RORAL and give nearest town)  How long in above place of death? I month 21 days			d ORAL and give nearest town) 21 days	1/0 2023 - 3			
Hospital, Institution,	or eireet addrese where Tubercul	death occurred	Sahatorium	Street No. Box 342 Route #9 (If rural, give LOCATION)  2.(a) If veteran, name war	,		
3. (a) FULL NA!	ME			3. (b) Social Securi	ity Number		
	Spo	tswoo	d Alphonso Mind	212-18-3	815		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	A		
male	col		Divorced	20. DATE DF OEATH March 13 19 48	3 , 2:30		
6.(b) Name of huebar	nd or wife			21. I CERTIFY that death occurred on the date above elaled: That I attended o	feceaeed from		
			c)   alive, give ageyeare	January 21 19 48 16 March			
7. Birth dale of				and that I last eaw h. im alive on Warch 13	19.48.		
deceased (mo., da)		st 18,		Immediate cause of death			
8. AGE: Yes	Monthe .	Oays	Il leee than one day	Pulmonary Tuberculosis			
2	8 6	24	hrs min.		1941		
			nia etate)	Due 10			
10. Usual occupation		e Age	nt	Due to			
		Y HILL		Dither conditions			
	Virginia			1			
		nith :	,	(Include pregnancy within 3 months of death)  Major findings of operations			
15 Birthnines	Virginia	.,		Major nagings of operations			
	ceased						
16. informanl	caasau			Autopsy results	ged statistically.		
Address  17. Seece (Burial, cremati	on, or removal, which	Dale ther	month (day) (year)	Accident, suicide, or homicide			
Cemetery or crem	atory M		algary	Where did Injury occur?			
Location		The same	1/1 21 00	Menaof Injury injured al work?			
18. Funeral director	my	Rev. C	of while	method Injury Injury	(40) E		
Address / C	13 , 48	hung	July 1		D. or other		
19 March	LO 19 40	nce?	De Dilt V Registrar	Address Henryton, Maryland Date sign	ned 3/13/48		



# ADING INK. Supply every item of Physicians: please write the causes WITH UNF important.

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PLEASE

BINDING

FOR

RESERVED

MARGIN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02634

# CERTIFICATE OF DEATH

/							
1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or townSykesville (If outside city or town limits, write RURAL and give nearest town)			state Maryland county Frederick				
City or townS.VKES.	side city or town l	imits, write R	URAL and give nearest to	wn)			
How long In above place of	deeth? 17.3	rears 1	month 19 day	7.S	City or town Frederick (If outside city or town limits,	write RURAL and give near	rest town)
Hospitel, Institution, or st	reet address where	death occurred	l:		Street No.		
Springfie	ld State	Hospit	al		(lf rural, give I	JOCATION)	./
	stitution?	ears 1	month 19 days	š	2.(a) If veteran, neme wer	***************************************	
3. (a) FULL NAME						3. (b) Social Security 1	Number
Dorsey M	urdoch						
4. Sex	5. Color or rece	6.(a)Singi	e, merried, widowed, or divorce	d	MEDICAL CE	RTIFICATION	
male	white	si	ngle		20. DATE OF DEATH March 22	19218	.2:30 a.
. (3) M (1)	lfa				21. I CERTIFY that deeth occurred on the date above		
				**************	September 1	7 March 21	1948
7. Birth dete of		6.(	c) If elive, give ege	yeers	end that I lest saw h i.M. ative on Marc		
deceased (mo., day, yr.)	August	13, 1	014		Immediate cause of death		DURATION
8. AGE: Yeers	Months	Days	If less then one day		Heart failure		3 days
73	7	8	hrs	mln.	Mitral insufficiency		15 years
9. BirthplaceF.re.	derick Co	unty,	Maryland		Due to		•••••
10. Usual occupetion	Farm labo	rer		*******	Due to.		
11. Industry or business							
12. Name Rich 13. Birthplece M	ard H. Mu	rdoch			Other conditions Cerebral arter	iosclerosis	15 yrs.
13. Birthplece M	arvland						
		fodi amı			(Include pregnancy within 3 me		
14. Malden neme/	W. Y.	igurar.y.			Major findings of operations	•••••	
14. Malden neme	aryland					Date of op	
16. Informant Reco:	rds - Spr	ingfie	ld St. Hospit	al	Autopsy results		
Address Syke:	-			156	PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
	2.1		2/2//	18	22. VIOLENCE: If deeth wes due to externel ceus		
17. (Burial, cremation, o	r removal Which?	Dete ther	eof	year)	Accident, sulcide, or homicide	Dete of	
Cemetery or crematory			Hosp Elen	e.	Where did Injury occur?(City or town)	(Compte)	(Ct+ta)
~ V	116-114	26	Colored.	,	injured et home, ferm, Industry, public piece (whe		
Locetion	Mesic	Alem,	evq.				
1B. Funeral director	CH	Tels	w,		Means of injury	Injured et work?	
Address	Mysel	well	, met.		23. SIGNATURE MARTIN Gr	5mr, m	·D
. That 2	6 19 H	8 1	Harry	Lexel			
(Date rec'd by regis	trar)			Registrar	Address Sykesville, Maryl	and Dete signed	3/22/48

# RECEIVED MAR 29 1948

PLEASE/WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02635

# CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF BEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infents give residence of mother)  State
3. (a) FULL NAME Columbus Parker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.76., 10. Max., 2.3., 19.76.  and that I last saw harmalive on 2.2., 19.76.  Jamediate cause of death  Due to  Due to  Dither conditions  (Include pregnency within 3 months of death)
14. Maiden name Jabitha Dell 15. Birthplace Ma.  16. Informant Face n Payer	(Include pregnoncy within 3 months of death)  Major fieldings of operations
Address Syptiatile Md.  17. Build Date thereof Mas. 25/948  (Burlat, cremation, or removal, Which?)  Cemetery or crematory Old Oastland  Location Oastland Md.	22. V10LENCE: If death was due to external causes, 1111 in the following;  Accident, suicide, or homicide
18. Funeral director. OS farry Heer  Address Systesville Md.  19. Mar. 24 19 48 CSfarry Heer  (Date rec'd by registrar)  Registrar	Msens: of Injury  23. SIGNATURE - E. Marting  M. D. or other  Address audalletown M. D. or other  Address audalletown M. D. or other

MAR 25 1948

BUREAU V. S.

			TE OF DEATH	Reg. Diat. No	74
How long in above place Hospital, institution, of Maryland	roll  Tryton, Mg outside city or town lim of death?	aryland its, write RURAL and give nearest town) onths. 20 Days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland  Couoty  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No. 144 W. Cross Street  (If rurel, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAM				3. (b) Social Security	Number
		PARKER		220-01-18	359
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		ERTIFICATION	
Male	Colored	Widowed	20. DATE DE OEATH March 27,	19.48	10:P
	yr.) May 25		s and that I last saw h im alive on ME  Immediate cause of death	47 h March arch 27,	27, 19.4. 19.4.
6]		2min	Pulmonary Tubercu		1040
10. Usual occupation.	Factory	nty, Maryland  Work  Ter	Oue to		
12. Name	Maryland				
14. Maiden name	Annie Re Maryland	ed	(Include pregnency within 3 major findings of operations.		
16. Informant	ceased		Autopsy resolts	***************************************	
Address  17. (Burlol, cremation Cemetery or cremat Location	mal mory Mt. — me gam Jatan 29 W	Date thereot	22. VIOLENCE: It death was due to external can Accident, suicide, or homicide	(County) here?) Injured at work?	(State)

MARGIN RESERVED FOR BINDING

MAR 30 1948

BUREAU Y. S.

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02637

#### CERTIFICATE OF DEATH

74

CERTIFICAT	E OF DEATH Reg. Diat. No. 74
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Sykesville, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 25 yrs. 6 mos. 17 days  Hospital, institution, or street address where death occurred:  Springfield State Hospital  How long in hospital or institution? 25 yrs. 6 mos. 17 days	State Maryland county Prince George's  City or town Capital Heights, Md.  (If outside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME  Joseph Pavlousek	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION  20. DATE OF DEATH. March 7 19 48 21 4:15 p.
6.(6) Name of Nation wite Mrs.a. Jaroslava Pavlousek	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1 1947, to March 7 1948 and that I last saw him alive on March 7 1948
8. AGE: Years   Months   Days   It less than one day   65   ?	Immediate cause of death   DURATION   Coronary thrombosis   ?
9. Birthplace Moravia (Town, eounty, and state)  10. Usual occupation Butcher  11. Industry or business  12. Name Frank Pavlousek  13. Sirthplace Moravia	Due to  Due to  Other conditions  Dementia Praecox  31 yrs.
H 14. Maiden name Josephine ?  15. Birthplace Moravia	(Include pregnancy within 8 months of death)  Major fiediogs of operations
16. Informant Records of the Springfield State  Address Hospital, Sykesville, Md.  17. Record Date thereof Man / 2 / 948  (Burial, cremation, or removal, Which?)  Cemetery or crematory Symmyfield Afrodictal Cenu.  Location Seytesville Ma  18. Funeral director Chary Meer  Address Sycaville Ms.  19. Man / 2 19 48 Warry Meer  (Date rec'd by registrar)  Registrar	Autopsy results. Coronary thrombosis, arterioschosic PHYSICIAN: Please uoderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

WILL NFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MAR 16 1948

BUREAU V. S.

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	state Jana land county Carroll		
(If outside city or town limits, write RURAL and give nearest town)	City or town Westminster		
How long in above place of death? 6 years	(If outside city or town limits, write RURAL and givo nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No. 288 & Trees		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) I1 veteran, name war		
3. (a) FULL NAME Yathan Grant Po	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m W widowed	7. 0		
1 st mollie Phillips	20, DATE OF DEATH. MERCH 2. 2. 19.4.8		
8.(b) Name of husband or wife and annie Ualantine	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	March 8 1848, 10 March 22 1945		
	and that I last saw h. line alive on White the 21 1848		
deceased (mo., day, yr.) 700. 22 - 1868	Immediais cause of death Procurements Laker 4 DISBION		
8. AGE: Years Months Days If less than one day	Osterio Sclerosed Panerso 44		
79 \$ min.	my sice Died Sles eneration series		
formall for med.			
8. Birthplace Courty, and state)	Due to.		
10. Usual occupation Farmer pet.			
III. Usual Gasapattatiiniiniiniiniiniiniiniiniiniiniiniiniin	Due to		
11. Industry or business			
12. Name John Joole 13. Birthplace Carroll Co- Mad.	Other conditions.		
13. Birthplace Carroll Co. md.			
# 14. Maiden name not Roman	(Include pregnancy within 3 months of death)		
HE 14. Maiden name Not Northead	Major findings of operations		
≥ 15. 9irthpiace	Date of op.		
16. Informant Emory O. Poole	Autopsy results		
0 40 25 m. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Salle. 21. Ma.	22. VIOLENCE: It death was due to external causes, till in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Crown dince Mulkodist	Where did injury occur?		
Location Damber, Md.	Injured at home, farm, Industry, public place (where?)		
19. Funeral director ABankard Son	Meens of injury Injured at work?		
1 h 1	hill 6 to 1		
Address (a) estroumeto (131.	23. SIGNATURE Melecher		
1/23 48 Mayacons	M, D, or other		
(Date rec'd by registrar) Registrar	Address (12 Mens 11) My Bate signed 3/23/4		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

correct age



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1 00 VE

Reg. Dist. No. 74

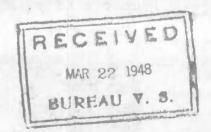
1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Henryton, Maryland (troutside city or town limits, write RURAL and give nearest town)					State Maryland County	
(tf outside city or town limits, write RURAL and give nearest town)					Cily or town Baltimore	
How long in above place of dealh? 7 months 6 days Hospital, Institution, or street address where dealh occurred:					Cily or town	
Hospital, Insti	land	Tuber Ci	losis	Sanatorium	Streel No. 1405 Argyle Ave. (If rural, give LOCATION)	
Ham been bed		Col	ored B	ranch, Henryton	(If Pural, give LOCATION)	V
3. (a) FUL		INSTITUTION	C.M	.m.m.d.m.nn		N L
3. (a) FUE	E MAME	100		A - A - A A - Dec 3	3. (b) Social Security	
4. Sex		5. Color or race	210 EL	izabeth Reed	MEDICAL CERTIFICATION	
						A.
femal	e	col	S1	ngle	20. DATE OF DEATH March 11 19 48	
6.(b) Name of	f husband o	r wife		••••••	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
				c) If alive, give ageyears	August 5 47 March 1	19
7. Birth date	of		mber 1		and that I last saw h. er alive on March 11	
8. AGE:	mo., day, yr. Years	Months	Days	If less than one day	Immediate cause of death	
o. AGE.	27	4	7		Pulmonary Tuberculosis	
				1		1, 1947
9. Birlhplace	, Jaı	timore,	eounty, and	state)	Due to	**
10 Neual ne	cunation	Kitchen	Helpe	r		*** ***********************************
11. Industry					Due to	***
		- Reed	26 f			***
E 12. Nam	evXII	n Reed			Other conditions	***
5 4 1		41-1	+ Maga		(tnclude pregnancy within 3 months of death)	•••
본 t4. Mald	den name	Margare irginia eased	n Heer		Major findings of operations	
E ts. Birth	hplace V	irginia				
16, Informant	, Jec	eased			Actopsy results	
Address					PHYSICIAN: Please underline the cause to which death should be charged	statistically.
1	2	- 0		. 3/1/1/10	22. VIOLENCE: If death was due to external causes, fill in the following:	
tI(Burial, c	eremation,	or removal. Which	Date ther	eol (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Deld Authorities					Where did injury occur?	(State)
					Injured at home, farm, industry, public place (where?)	
Location		51 (	) /		Missas of Injury Injured at work?	
t8. Funeral	director	De la		dans	2 55	
Address	916	Venn	rylo	ania avac	23. SIGNATURE Neuken Mofinan	n-0.
19. Mar	cch 1	1 19 48	1111	est R. Swanple	М. D	or other
19. All. Chate re	ec'd by reg	istrar) TO	091 00	Registrar Registrar	Address Henryton, Maryland Date signed	3/11/48

MAR 18 1948 BUREAU V. S.

1948

1. PLACE OF DI			2411 N	. Charl
V /			CERTIFI	CAT
1. PLACE OF D	EATH TOTAL			
County	Westmi:		••••••••	
City or town	wesuni.	nster	L and give nearest ton	
tau lang in above also	e of death?	4 years	D and give nearest tow	(11)
Hospital, institution,	or stroot address whore	death occurred:		***********
How long in hospital	or Institution?	***************************************	***************************************	
3. (a) FULL NAM	1E			
	Mary Lo	uise Re	ese	
. Sex	5. Color or raco	6.(a)Single, mar	ried, widowed, or divorced	
Female	White	Ma	rries	
	d or wife J. Fr	ancis R	eese	
6.(b) Name of hueban	d or wife		54	
. Birth date of	77			yeare
deceased (mo., day	July July	15 189	34	
8. AGE: Yea	rs Monthe		less than one day	
53	8		hrs	min.
	Pocomoke	City, Ma	aryland	
9. Birthplace	(Town.	county, and state)		
10. Ueual occupation	Housew	lie	**************************	
11. industry or busine	es			
		C. Gall	ette	
12. Name	Marylan	đ j		
L 13. Birthplace	Marw I.	1.1	7	
14. Maldon name	G		<b>5</b>	
14. Maldon name	Marylan			
16. Informant	J. Franc	is Rees	2	
Address	Westmins	ter. Md.		
				1949
(Burial, crematic	ial on, or removal. Which?)		Mar. 21,	
Cemotory or croma	Wes	tmins te	r, Memete	ry
	Westmi	nster,	Maryland	
Location	John R.			
1B. Funeral director.				
Addross	Westminst	er, Mar	yland	
3/	15 118	1/10	lucida	conf
19. (Date rec'd by r	9 19 48 edistrar)	17		egistrar

2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of n	other)
	Carroll
City or town Westmins	
(If outside city or town limits, 15 Willis St	write RURAL and give nearest town)
Street No	***************************************
(If rural, give l	OCATION)
2.(a) If voteran, name war	
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
may 1	P. 1948 12 P.
21. I CERTIFY that death occurred on the date above	
	10
and that I last eaw halive on	
Immediate cause of death	uorrhoge DURATION
Due wy perteusive C	V disease 415 -
Due to	
Other conditions	
(Inclode pregnancy within 8 m	onths of death)
Major findings of operations	
Autopsy results	
22. VIOLENCE: If doath was due to external cause	es, fill in the following;
Accident, suicide, or homicide	Dalo of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (wh	ere?)
Meane of Injury	tnjured at work?
a signature to the	mak Deputy Medical Gran
11 Butenint	M. D. or other 3/18/48
Address //	Nato signed 0/70/70





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PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

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Reg.	Diat.	No.		F

V-13	rog. Plate Holland
1. PLACE OF DEATH: County Carryoll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
and I who exalle	State State
(If outside city or town limits, write RURAL and give nearest lown)	City or town Balliums
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address mere wait opening	Street No. 907 Dinney St.
Squageer Same xiju good	(If rura give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lola BK	oferte 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, parried, widowed, or divorced	MEDICAL CERTAFICATION
V W Smale	20. DATE OF DEATH. March 741. 19 4 1 2 - 25 M
	21. I CERTIFY that Math occurred on the date above stated; that Valended deceased from
6.(b) Name of husband or wife	July 5 19.3 1 to Hars 1 49.18
T. Birth dato of	Min had the
T. Birth dato of deceased (mo., day, yr.)	and that I last yew had alive on All alive on DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death
47 5 21	Commence Williams
	SU MANUTY COMMANDE
9. Birthplace	Due to
11 11 11 11 11 11	
10. Usual occupation.	Duo to. The synthesis of the synthesis o
11. Industry or businessy	
12. Name Milliam Coffina	Dither conditions
3. Birthplace / Sugue	(include pregnancy within 8 months of death)
HI 14. Maiden name Ala Malfalla -	
E KARAMAN .	Major findings of operations.
∑ 15. Birthplace	Date of op
16. Information of the state of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 901 Bunnlyst Dally	
11 Buil Dat thereof Mar 12 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory of sungfield I fosfutal Cem.	Where did injury occur?
Location Systesville, Ms.	Injured at home, farm, Industry, public place (where?)
Offeren Heer	Meens of Injury Injured at work?
18. Funeral director.	1111111 - 411
Address Systesville Md.	22 SIGNATURES WALL Masker M.C.
Max 12 116 Osland Hoen	23. SIGNATURES M. D. Joseph Cher
19. (Date ree'd by registrar) Registrar	Address & Resulte / M. Date signed

MAR 16 1948 BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02642

Reg. Diat. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll Waryland	State Maryland County		
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)	Boltimone		
How long in above place of death? 1 month 14 days	(If outside city or town limits, write RURAL and give nearest town)	• • • •	
Hospiial, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatorium	Street No. 924 Mason Street		
How long in hospital or institution? Colored Branch, Henry	ton (a) It voleran name war	1	
3. (a) FULL NAME	3. (b) Social Security Number		
Boyce Dean Rogers  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
		. M	
	ZD, DATE OF DEATH 2012 A. WALL		
6.(b) Name of husband or wife Pauline Rogers	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 16 19 48 Warch 30 19	18	
7. Birth date of	and that I tast saw h. im alive on March 30	18	
7. Birth date of deceased (mo., day, yr.) July 8 1912		N	
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis Nov.		
35 8 22hrs.	n. 1947		
9. Birthplace South Carolina	Due to.		
(Town county, and state)			
10. Usual occupation Laborer	Due to		
11. Industry or business			
12. Name William Rogers 13. Birthplace S. Carolina	Other conditions.		
	(include pregnancy within 3 months of death)		
변 14. Maiden name Amelia Lee	Major findings of operations.		
14. Maiden name Amelia Lee  15. Birthplace S. Carolina	Daie of op.		
16. Informant Deceased	Antonsy respits		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
0 11/-/110	22. VIOLENCE: If death was due to external causes, till in the following:		
(Bunal, cremation, or removal, Which?)  Date thereol (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory The Call Lings	Where did injury occur?		
Location Brighto M. Popartanshie	Injured at home, farm, Industry, public place (where?)		
Lagrand & Para 4	Msans of injury Injured at work?		
18. Funeral director	7.0 9000 - 3		
Address 108 W Mars gomery st	23. SIGNATURE PRICE WILLIAM D. or other		
19 March 30 19 48 albert A Swands		10	
(Date rec'd by registrar) LOCAL DEDUTY Registr	ar Rodress Henryton, Maryland Date signed 3/30/4	X.Q	



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MARGIN

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

# 02643

#### CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: County Carroll					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)		
					state Maryland County		
City or lown. Sykesville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 31 yrs. 5 mos. 24 days.  Hospital, institution, or street address where death occurred:  Springfield State Hospital  How long in hospital or institution? 31 yrs. 5 mos. 24 days.					City or town. Baltimore (If outside city or pwn limits, write RURAL and give nearest town)  Street No. 1408 W. Jamus L.  (If rural, give LOCATION)  2.(a) II veteran, name war.		
3.(a) FULL Mich		Henry Ros	gers		3. (b) Social Security 1	Number	
4. Sex		. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION		
male		white	S	ingle	20. DATE OF DEATH	al2:15al	
6.(6) Name of husband or wife					21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		April 2	1 Days	if less than one day	Immediate cause of death	DURATION	
8. AGE:	Years 59	Months 10	24	hrs. min.	Coronary thrombosis	3_hrs	
9. Birthplace Baltimore City (Town, county, and state)  10. Usual occupation					Due to		
12. Name.	Mlc	rvland	iogers		Dementia praecox, paranoid type  (Include pregnancy within 3 months of death)	32 yrs.	
			lenry		(Include pregnancy within 8 months of death) *  Major findings of operations		
16. Intermant	R	ecords of	the S	pringfield St. Maryland	Antopsy results	statistically.	
17. Burish Bate thereof May 17. 1948 (Burial, cremation, or removal, Which?)  Cemetery or crematory. Springfield					22. VIOLENCE: if death was due to external causes, Illi in the following;  Accident, suicide, or homicide	(State)	
					Means of Injury tolury		
18. Funeral director. CStarry Hell					mania of mury	h. D	
Address		ysterre		1			
19. Mar 16 1948 Ostary Heer (Date rec'd by registrar) Registrar					23. SIGNATURE Martin Gross, M. D. o. M. D. o. Address Sykesville, Maryland Date Signed.		

MAR 18 1948

BUREAU V. S.

PLEASE WRITE

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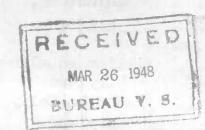
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02644

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	16
City or town(1f of the control	Carroll Westminst Datable eity or town line of death? street address where death	Der nits, write I 11	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Carroll  City or town. Westminster (If outside city or town limits, write RURAL and give nearest town)  Street No. Green Gables Apt. Bond St.  (If rural, give LOCATION)  2.(a) It veteran, name war.  3. (b) Social Security Number 215-07-1231		
3. (a) FULL NAM	E	Kat	e McCollum Roop			
4. Sex	5. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	white		widow	20, DATE OF DEATH March 2	4 ,48	5:50a
T. Birth date of deceased (mo., day, )	n.) May		(c) It alive, give age	21. I CERTIFY that death occurred on the date about 19	Jeh 247	DURATION
8. AGE: Years		24	hrs. min.	( 210 · · · · · · · · · ·	L D	15/100
tD. Usual occupation  tt. Industry or busines  HLV. 13. Birthplace  HLV. 14. Maiden name  t5. Birthplace	none William Mary Marth Mary	McCo Land na Ke	llum	Due to		
t6. Interment	Mrs. Home Hampstea		Twigg	Autopay results	ich death should be charged	statistically.
	al, or removal. Which?)	Date the	reol 3/26/48 (month) (day) (year) r Cemetery	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	Date of	(State)
Location	Westmi	inste	r, Md.	Injured at home, tarm, Industry, public place (wh		
tB. Funeral director	J. Fra	incis	Reese	Maans of Injury  23. SIGNATURE	Box M. M. D.  M. D.  Market Signed	ひ, or other 312448



02645

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Med: County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 243 E. Brain
243 E. mais	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME David Ruppert	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Swores	MEDICAL CERTIFICATION  20. DATE DE DEATH 19.75 at 44 44
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A CONTRACTOR OF THE CONTRACTOR	auf mail 1 1947, 10 mail 23" 1948.
7. Birth date of deceased (mo., day, yr.) march 11 - 18 64	and that f last saw harmalive on harmony and the saw harmanine on harmanine o
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
1.84 0 /hrsmin.	4
9. Birthpiace & Italian Pa	Due to S-esielity
10. Usual occupation of the state of the sta	Due to
11, Industry or business	
12. Name Cedam Puppert	Other conditions
	(Include pregnoncy within 8 months of death)
14. Maiden name & achierum Bayer	Major findings of operations.
14. Maiden name 6 achierine Bayer  15. Birthplace Dermany  16. informant me Coatherine Fragmen	Date of op.
100 11-1-	Autopsy results
Address 243 E. nain, Vistminster, nd.	22. VIOLENCE: It death was dud to external causes, till in the following:
17. Burlin, cremation, or removal. Thicky (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator It to the Commerce	Where did Injury occur?
Location Westminster, md.	Injured at home, farm, industry, public place (where?)
18. Funeral director 4B ankard Hon	Means of injury Injured at work?
Address Westminster, md.	23. SIGNATURE CITBULINGS Line & CO.
19. (Date rec'd by registrar) 19 4 8 Registrar	Address Wasturia , M. D. or other

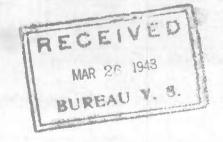
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

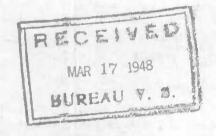
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02646

#### CERTIFICATE OF DEATH

Reg. Dist. No.

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dworced  Male W Snigle	MEDICAL CERTIFICATION  20. DATE OF DEATH TOTAL 14 1849 21/2: ST
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dato of deceased (mo., day, yr.) 6. (c) If alive give age years deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min.	and that I last saw h
9. Birthplace	Due to
11. Industry or business  12. Name	Dithor conditions
14. Maldon name Day Sames  15. Birthplace Physics	(Include pregnancy within 3 months of death) Major findings of operations.
16. Intermant Sio M. Wigh	Antopsy results
Address  17. (Burial, eremation, or removal, Which)  (Burial, eremation, or removal, Which)	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide
Comotory or crematory har hye Cashy Cem-	Where did Injury occur?
Location Tappiel	Injured at home, farm, industry, public place (where?)  Maens of injury  tnjured at work?
Addross  Addross  Addross  Addross	23. SIGNATURALUS Thanh Property Medical Examines
19. (Date rec'd by registrar) Registrar	Addross Dato signed 3-15-48



2411 N. Charles St., Baltimore

02647

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants, give residence of mother)
City or town Mary chester Mo	State Manfland County Carrell
(If oulside city or town limits, write RURAL and give nearest town)	City or town A Manchester
How long in above place of death?	City or town
nospital, institution, of street address where death of	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	
Donald Leater Write Shaffer.	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Syste, married, widowied, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 31  20. DATE OF DEATH MAY 31  20. DATE OF DEATH MAY 31
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give ageyears	s 19
7. Birth date of deceased (mo., day, yr.) Alel 6, 1933	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediajo cause of dath OURATION
14 3 23nin.	1 havgies
9. Birthoiace manchister and	Que to.
(Town county and state)	
10. Usual occupation as Servor	Due to.
11. Industry or business	
12. Name Aland M. Shaffer	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mable M. Went	none
15 Birtholace Macan Muston AMA	Major findings of operations
Dan de Stanker	Autopsy results. N. 524
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Maurinian / Wo	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal) Which?)  Date thereof	Accident, suicide, or homicide. Auselle Date of Mas 31-48
Cemetery or crematory Connectery	Where did injury occur? (City or town) (County) (State)
Location Manchester , Ma	Injured at home, farm, industry, public place (where?)
18. Funeral director Lacol Ulrichin Sour	Means at Injury augues laynes Injured at work? To.
Address March 2019 Address Mars	To March Debute Medicas Examine
al il a 110 car w B I A	23. SIGNATURE 1. Warsh Wefully M.D. of other
19. Charles 1970 The Tr. V. J. Alleur	Moderates 7/11 Bate signed 3/31/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially inhortant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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APR 7 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## 02648

#### CERTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No. /.
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fee newborn infants give residence of mother)  State
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Bell & Mi	3. (b) Social Security Number
Lewale White Married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEAT MARKET TO THE SECOND TO THE SECO
6.(6) Name of husband or wife. Harvey & Shaffer	21. I STRTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 11. 188	and that I last saw h 24 alive on MChr. 24 19.4
8. AGE: Years Months Days If less than one day	Cornary Column. 3 da
9. Birlhplace Currell (Town, county, and state)	Vascela Desert
10. Usuai occupation	Due to
12. Rame Bortney  13. Birthplace Pocky Sell Rec. Mid	Dther condition and acceptage to the part of the
14. Maiden name Laberstone	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace	Oate of op.
16. Informant Jan 2011	Antopsy results
Address Mangalesses 13-27 18	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or remove) Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Manchestys HA	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jaw Winks Saw	Means of injury logured at work?
Address Manuchester and	- 23 SIGNATURO E. Bushy MV.
19. Mav. 25 19 48 Mrs. W. P. J. Leurer (Date rec'd by registrar)  Registr	( 3/ ) + 1 M/ M. D. or other

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MAR 31 1948

BUREAU V. S.

PLAINLY is especial

(Date rec'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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M. D. or other

#### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Carroll Slate Maryland Carroll Westminster Rural Westminster (If outside city or town limits, write RURAL and give nearest town) 11 years How long in above place of death?..... Hospital Institution, or street address where death occurred: (If rural, give LOCATION) none How long in hospitat or institution?. 2.(a) if veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number William F. Sharrer none 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION male white married 15 1948 at 115p. w March 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife. Katherine Beacham .6.(c) If alive, give age .......56 ...... years February 16, 1890 deceased (mo., day, yr.) DURATION Immediate cause of death. If less than one day 8. AGE: 6 mos + 58 28 Retired merchant th Usual occupation... Dairy farmer 11 Industry or husiness Jesse C. Sharrer Maryland (Include pregnancy within 3 months of death) Minnie Wicks 14. Malden name..... Major findings of operations ... W 15. Birthplace Maryland Mrs. William F. Sharrer PHYSICIAN: Please underline the cause to which death should be charged statistically. Westminster, Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof.....3/18/48 (year) burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Westminster Cemetery Where did injury occur? ...... (City or town) injured at home, farm, industry, public place (where?) ..... Westminster. Md. injured at work? Msans of Injury J. Francis Reese 18. Funeral director ...... Westminster, Md

MAN 18 1948 BURHAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

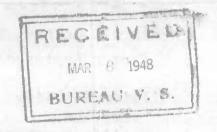
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02650

#### CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	(If outside city or town limits, write RURAL and give nearest town)  Street No. 6 New Windsor Road  (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war none		
3. (a) FULL NAME William Murray	Shilling 3.(b) Social Security Number none		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced male white single			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended decessed from		
8. AGE: Years Months Days If less than one day	Machine cause of death of the smultiple		
8. Birthplace	Oue to		
13. Birthplace   Maryland	Major findings of operations.  Date of op.		
Address Westminster, Md.  17. burial	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Location Smallwodd, Md.  18. Funeral director J. Francis Reese	Injured at home, farm, industry, public place (where?)		
Address Westminster, Md.  19. 3/4 19. 48 L.K. Wooden  (Date See'd by registrar)	23. SIGNATURE Chas R FATT WX  Registrar  Address 1/2 & June 1/2 & M. Batt Signed 3.8.48		



2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

02651

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					Reg. Dist. No	***************************************
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
County Carroll City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)		State taryland County				
City or town Hen	ryton, Ma	rylar	d		oty	
(11	outside city or town in	1 Aor	w	City or town Baltimore (If outside city or town limits		
How long in above plac	e ot death? r street address where	death accurre	d.	Street No. 602 S. Paca S	, write KUNAL and give ne	arest town)
Markel an	d Tubercu	losis	Sanatorium			
mar Arall	0010	2001	hamah Hamart	(If rural, give	LOCATION)	
		T.ed	ranch , mentyo	12.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security	Number
	Lore	tta G	eraldine Smith			
4. Se1	5. Color or race	6.(a)Sing	eraldine Smith	MEDICAL CE	ERTIFICATION	
		O.		Manak 17	48	5 - 30P
female	col	Sir	gle	2D. DATE DF DEATH March 13	19. 30	5:30P
e (h) Name of husband	or wite			21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deci	eased from
				March 12	48 March	15 19 48
7. Birth date of		6.(	c) If alive, give ageyears	and that I last saw herallve onMar	ch 13	19 48
deceased (mo., day,	yr.) Mayh5.	1925		Immediate cause of death		
8. AGE: Year	s Months	Days	if less than one day	Pulmonary Tubercu		
22	10	8	hrs. min.		A	1947
		-	7 7			
9. Birthplace. Ba.	itimore,	Mary	land state)	Due to		*
	200000000				***************************************	
10. Usual occupation.	Domesti	C		Due to		** ************************************
11. Industry or busine	35					** ************************************
E R	obert Smi	th				
1 13. Birthplace	Unknown			(Include pregnancy within 3 m	nontha of death)	
里 14. Malden name	Martha D Virginia	ueson	ļ	Major findings of operations		
15 Sistemana	Virginia			Major Badius: of operations		
-1 13. Bittiplace	11	24				
16. Informant Mother-Mrs. Martha Ducson		Autopsy results				
Address 602	S. Pasca	Stre	et. Balto.Md.			
Date thereof (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.		22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide				
				Where did Injury occur?		
		Injured at home, farm, Industry, public place (where?)		**************************		
		46 5 0 0 0 0 0 0 0	Adilohu	1/4	nestoad	Msans of injury
18. Funeral director.	A CONTRACTOR OF THE PARTY OF TH	1	1 / / A	7 1	NO D	0. 3
Address 9/8 Alley Hell Auf.		23. SIGNATURE / Culicu	Votteman.	m.D.		
Manah	13 40	ni	1 4A San 11	20. 0000		or other
19. March 13 18 48 Month (Date rec'd by registrar) Local Deputy Registrar			Deputy Registrar	Address Henryton, Mary	land Date signed	3/13/48

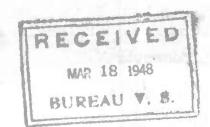
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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

PLAINLY, WITH ONF is especially important.

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19. (Date reo'd by registrar)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

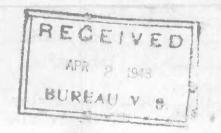
2411 N. Charles St., Baltimore

02652

		CERTIFICA	TE OF DEATH	Reg. Dist. No.	
County Carroll  City or town. Rural Warfieldsburg  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 5 years  Hospital, Institution, or street address where death occurred:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)  State Maryland County Carroll City or town. Rural Warfieldsburg (If outside city or town limits, write RURAL and give nearest town)  Street No		
3. (a) FULL NAME Emanuel Spang			gler	3. (b) Social Security Number	
4. Sex male	4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced			ertification 30 19 48 at 1:15pm	
8.(b) Name of husband or wife Rebecca Gachmour  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  October 10, 1865		ITS	to 19		
8. AGE: Years		Days If less than one day 20hrsmin	Cononary ac	elen	
8. Birthplace Pennsylvania (Town, county, and atate)  10. Usual occupation Laborer  11. Industry or business    12. Name Conrad Spangler   13. Birthplace Pennsylvania			Due to		
14. Maiden name Not known 15. Birthplace Not known 16. Informant Mrs. Melvin W. Garrett			(Include pregnancy within 3  Major findings of operations	Date of op.	
Cemetery or cremato	1 Jorremoval Which? Bermuc dams Coun J. F	dsburg, Md.  Date thereof 4/2/48  (month) (day) (year)  dian Lutheran  ty, Pennsylvania  rancis Reese  minster, Md.	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	uses, fill in the following;  Date of (County) (State)	

Registrar Addres & Koleman

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2411 N. Charles St., Baltimore

02653

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MARGIN RESERVED FOR BINDING

Every item of information should carefully be supplied. ITE PLAINLY, WITH UNFADING INK.

	44	Location .
	E W	18. Funeral
10	AS CO	Address
SZ	LE	ma

CERTIFICA	ATE OF DEATH Reg. Dist. No. 8
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:  The stay in hospital or inst. (yrs., or mos., or days)  Stay in hospital or inst. (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street No.  (If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(α) IF VETERAN, NAME WAR
3.(a) FULL NAME Ella Catherine	Honesifer 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Frenche Turbite Turblowed	MEDICAL CERTIFICATION  20. DATE OF DEATH (MAN) 12 D 19 48, of 10 Am
6 (b) Name of husband or wife larence T. Stones fee	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 2	Immediate cause of death  In the state of dea
9. Birthplace Carroll Caunty, Md.  (Town, county, and state)  10. Usual occupation Cause Caunty (Town, county)	Due to Due to The State of the
11. Industry or business  12. Name I willy with the state of the state	Other conditions
# 14. Maiden name Eliza Bochers	(Include pregnancy within 3 months of death)  Major findings:  PHYSICIAN  Please underlie
16. Informant Faseph L. Stonesifer	free days to white days and the cause to white days and the charged statistically.
17. Burial Date thereof March: 23-19.  (Burial, cremation, or removal, Which?)  Date thereof March: 23-19.	22. VIOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory Pleasant Walley Corneter	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Address Address Py P. N. J.	Means of tnjury tnjured at work?
19. March 21 1948 Educa M. Hewett	23. SIGNATURE M. D. or other

MAR 31 1948 BUREAU V. S.

Che	Evidence fo	rc	hang	0	of
	Evidence for age shown FILM No.	G	11	4	APR

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02654

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100	-				

FILM No.	G 114	APR 5 1948 ERTIFICAT	TE OF DEATH	Reg. Dist. No	70
1. PLACE OF DEATH. CARROLL		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n			
City or town	oodbine R	F.D # 1 imits, write RURAL and give nearest town)	State Maryland Coun		,******************************
Hospital, Institution, or	r street address where		City or town (If outside city or town limits, R. F. D. # 2  Street No. (If rural, give I		arest town)
How long in hospital o	r institution?	r months (11-10-1947)	2.(a) If veteran, name war.		
3. (a) FULL NAM		TE STULLER		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Single	20. DATE DF DEATH March	8 1948	1830 P.
6.(b) Name of husband	or wite		21. I CERTIFY that death occurred on the date abov	e stated; that I attended dece	ased from
7. Birth date of			and that I last saw h alive on 8.	8-18	19
8. AGE: Year	yr.) March 2	Days   If less than one day	Inmediate cause of death		DURATION
<del>29</del> 7	8 11	17hrsmin.	Vul morrary Ed Es	na_	10 d
9. Birthplace Key	sville, Ca	rroll Co. Maryland	Duojo.	P -1-	
1D. Usual occupation.	Housework	- none recently.	Due to Due to	1243olin	
11. Industry or busines	ss /	- //			
12. Name	hn Ale	ller)	Dither conditions and was conditions	Lar	·
<b>×</b>	Rebecc	Man t	(Include pregnancy within 3 m	ontha of death)	
14. Malden name		m d	Major findings of operations.		
16. Informani Car	roll Count	y Welfare Board	Autopsy results.		
10, 11101111111111111111111111111111111	minster. M		PHYSICIAN: Please underline the cause to whi	ich death should he charged	statistically.
17 Jus	ial	Bate thereof march 11, 1948	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		
(Burial, cremation	n, or removal. Which?	med Cemeters	Where did Injury occur? (City or town)		(Chata)
Location Cremat	ancestor	in md.	Injured at home, farm, Industry, public place (wh		(Deate)
C. D. Fuss How		Means of Injury	Injured at work?		
18. Funeral director	ned low	w md.	2000		
24	11. 1948	Estel W Mehrus	23. SIGNATURE X		or other
(Date rec'd by re	egistrar)	food Registrar	Address / Vast me see 5/2	Date signed:	3-9-48



MAR 31 1948

mi Fe me dishit have a finh copy. Thanking your Ethelm Mebring

#### MARYLAND STATE DEPARTMENT OF HEALTH

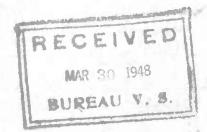
2411 N. Charles St., Baltimore

02655

# CERTIFICATE OF DEATH

20			
Reg.	Diat.	No.	74

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Taryland County		
(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 22 days			
Hospital, Institution, or street address where death occurred:	Street No. 804 W. Ostend Street (Ifrural, give LOCATION)		
Maryland Tuberculosis Sanatorium			
	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Robert Westbrook	West of the second seco		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	A.		
male col Single	20. DATE DE DEATH March 27, 1 1948 31 1:40		
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	March 5 18 48 March 27 19 48		
7. Birth date of	and that I last saw h im alive on March 27 19 48		
deceased (mo., day, yr.) March 15, 1925			
8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis  DURATION NOV.		
23 0 12hrsmin.	1947		
Chester S Carolina	Don do		
9. Birthplace Chester S. Carolina (Town, county, and state)	Due 10		
10. Usual occupation Laborer			
	Que to		
11. Industry or business			
E 12. Name Wadeie Westbrook	Other conditions		
13. BirthplacS. Carolina	(Include pregnancy within 3 months of death)		
# 14. Malden name Mamie Jackson			
15. Birthplace S. Carolina	Major findings of operations.		
	Date of op.		
16. Intermant Peceased	Autopsy results		
Address & ( 6 A CTUV a )			
17 \ Bury al Date thereof 4-31-48	22. VIOLENCE: It death was due to external causes, fill in the tollowing:		
(Burd, cremation, or remove, Which?) (month) (by) (year)	Accident, suicide, or homicide		
Cemetery or crematory, M. T. Cal Many Tank	Where did injury occur?		
And Country.	Injured at home, farm, Industry, public place (where?)		
Location	Means of Injury tojury		
18. Funeral director	madia of initial 1		
Address 108 mon to outy)	Manhon Topk m. 7		
Cu M	23. SIGNATURE M.D. or other		
19 March 27 19 48 West ( - Swarfs	War 1100 1100 1100 1100 1100 1100 1100 11		
(Date rec'd by registrur) Local Deputy Registrar	Address Henryton, Marylandoate signed 3/27/48		



A15 SA 1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02656

2. USUAL RESIDENCE (HOME) OF DECEASED:

### CERTIFICATE OF DEATH

Reg. Diat. No ...

County Call County Coun	State
4. Sex   5. Color or race   6.(a) Single, marriec, widowed, or divorced	MEDICAL CERTIFICATION
m. W. widned	20. DATE OF DEATH MOTEN 9 1948, 21 6 AM
6.(b) Name of husband or wife Isabella C. Wheat	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 1998 1998 1998 1998 1998 1998 1998 199	and that I last saw h
deceased (mo., day, yr.) UCT 8, 8/9	Immediair cruse of death DURATION
8. AGE: Years   Months   Days   If less than one day	I Very Block-
68-2 S /hrsmin.	arteris selectie C.V deserve
9. Birthplace (Town, county and stage)	Oue fo
10. Usual occupation	Oue to
11. Industry or business / / / /	
12. Name	Other conditions
14. Maiden name AM farfault O?	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace	Major madings of operations
Suit Diell P	Aotopsy resolts
16. Informant MASS MARKET LANGE	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address New woman Min.	22. VIOLENCE: If death was due to external causes, fill In the following;
17. (Hilling cremation, or removal, Which?)  Date thereof Malla (month) (day) (year)	Accident, suicide, or homicide
Cemetery of Cematory Settle Constitution	Where did injury occur?
Location Lysis Creek new hew wondon	Injured at home, farm, Industry, public place (where?)
18. Funeral director V. 2. Missus. Co.	Meens of injury Injured at work?
Adress Westmanster, Mid:	23 SIGNATURALUS T Thoral
Mand 12 1948 Gysen Buylev (Data rec'd by registrar)  Registrar	Address Walnust Nid Date signed 3/9/48

MAR 19 1948

PLEASE WRITE PLAINLY is especially

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02657

### CERTIFICATE OF DEATH

Reg. Dist. No. 74

A. PLACE OF DEATH:  County Carroll  City or town Henryton, Maryland  (If outside city or town limits, write RUNAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Montgomery		
How long in above place of death?4. Months.,21. Days	(If outside city or town limits, write RURAL and give nearest town)		
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution? Colored Branch	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
JOHN WILLIAMS, SR.			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL, CERTIFICATION		
Male Colored Married	20. DATE DF DEATH March 31		
6.(6) Name of husband or wife Gertrude Williams 6.(c) If allve, give age 52	I NOTION DOM III		
7. Birth date of deceased (mo., day, yr.) Unknown 1893			
8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis July		
55: -?. ?hrs.			
9. Birthplace	Due 10		
12. Name Gus Williams 13. Birthplace Marvland	Uther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Ida Botts 15. Birthplace Maryland	Major findings of uperations.		
15. Birthplace Maryland			
16. Informant Deceased	Autopsy results		
Address	22, VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal Which?)  Date thereof	Accident, suicide, or homicide		
Cemetery or crematory Justico ark may	Where did Injury occur?		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Tropped J. January	Means of Injury Injured at work?		
Address T believed 19	Marchan Millian m. D		
011101	23. SIGNATURE Coulears Alfracy, On-O. M. D. or other		
19. March 31. 1948. Whish Reg	istrar Address Henryton, Md. Date signed 3-31-48		



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

## CERTIFICATE OF DEATH

	U	2	6	5	8
36					

Reg. Diat. No. 74

1. PLACE OF DEATH: Carroll County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
PEARL VIOLA WITSTON	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Feduale Colored Single	MEDICAL CERTIFICATION P.  20. DATE DF DEATH March 30, 1948 12:10
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20, 19.48 March 30, 19.48 and that I last saw h. er alive on March 30, 19.48
8. AGE: Years   Months   Days   If less than one day   40   3   4  hrsmln.	Pulmonary Tuberculosis  Pulmonary Tuberculosis  1947
9. Birthplace. Sparrows Point, Balto, Md.  (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name.  Walter Winston  13. Birthplace N. Carolina	Due to  Due to  Other conditions
14. Maiden name Basha Staten  15. Birthplace W. Carolina  16. Informant Elnora Norfleet, (Sister)	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address 117 Balnew St., Dandalk, Md.  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location  18. Funeral director M. Polent Eller Ottobally (year)  Address 1129  March 30, 18 AB Alfrach R. January.  (Date ree'd by registrar)	PHYSICIAN: Please underline the cause to which death should he charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide



PLEASE WRITE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02659

## CERTIFICATE OF DEATH

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Carroll	Somewest Somewest	
City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town)	Poi mmount	
How long in above place of death? 1 year 10 month 17 di	ays City or town Fairmount (If outside city or town limits, write RURAL and give nearest t	town)
Hospital, institution, or street address where death occurred:	Street No.	
Maryland Tuberculosis Sanatorium	(If miral give L()CATION)	
How long in hospital or Institution? Colored Branch, Henr	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	ber
Thomas James Winst	on 229-20-2557	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	P
male col Single	20. DATE DE DEATH March 30 19 48, at	8:30
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated: that I aftended deceased fr	rom
	May 13 19 46 16 March 30	194
7. Birth date of	and that I last saw h. im alive on March 30	19 40
deceased (mo., day, yr.) December 24, 1927  8 AGF- Years   Months   Days   If less than one day	Immediate cause of death	DURATION
0. 7102.		Dec.
20 3 6hrs.	min.	945
9. Birthplace West Point, Virginia (Town, county, and state)	Due fo	
10. Usual occupation Shoe Repairer		***************************************
1D. Usual occupation	Due to	***************************************
11. Industry or business		
별 12. Name : Unknown	Dther conditions	
₹ 13. Birthplace Unknown		
14. Maiden name Martha Unknown 15. BirthplaceUnknown Deceased	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations.	
≥ 15. BirthplaceUnknown	Date of op	
16. Informant Deceased	Autopsy results.	
Address Larmount and	PHYSICIAN: Please underline the cause to which death should be charged statist	ically.
01.191	22. VIOLENCE: It death was due to external causes, till in the following;	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	ta)
The state of the state of	Injured at home, farm, industry, public place (where?)	
Location	4	
18. Funeral director Analysis To Control	Means of Injury injured at work?	
Address Marion Mak	23. SIGNATURE Reeleen Woffman m.D	
19 March 30 19 48 albert R. San	M. D. of oth	
(Date rec'd by registrar)	gistrar   Address Henryton, Maryland Date signed 3/	/30/48

APR 2 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 12/00 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) County..... City or town noutside How long in above place of death? Hospital, Institution, or street address where death information care of death clearly Street No. (If rural, give LOCATION) How long in hospital or Institution? 3. (a) FULL NAME 4. Sex 5. Color or ra MEDICAL CERTIFICATION BINDING FOR 7. Birth date of Supply e deceased (mo., day, yr.) If less than one day Months 8. AGE: RESERVED p 9. Birthplace..... 10. Usual occupation... MARGIN 11. Industry or business important. 13. Birtholace (Include pregnancy within 3 months of death) Major findings of operations. 15. Birthplace especially PLAINLY is especial Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,..... (month) Where did Injury occur? ...... [4] (City or town) RIT Injured at home, farm, industry, public place (where?) Meens of injury 18. Funeral director. Address 23. SIGNATURE

(Date rec'd by registrar)

02660 Reg. Dist. No. 3. (b) Social Security Number DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County) (State)

Registrar

Injured at work?

## CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Classical County	State Maris Parad County Carrall
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RUR) L and give nearest town)
Hospital, Institution, or street address where death gestarred:	Sireet No. (If rural, give LOCATION)
How long in hospital or institution? / Year 2 Jus.	2.(a) th veteran, name war
3, (a) FULL NAME	3. (b) Social Security Number
La Gingling	
4. Sex 5. Color or race S.(a) Single, married, widowed for divorced	MEDICAL CERTIFICATION
Imale while Single	20. DAJE OF DEATH / MANCH 23 19/1/8, 21 / P. M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give ageyears	16
T. Birth date of deceased (mo., day, yr.) NIT 28, 1857	Immediais cause of death DURATION
8. AGE: Years   Months   Days   It less than one day	the Later merrian I days
90 3 24min.	
9. Birthplace (Town, county, and state)	Dre to.
	Chrone Mydeannio.
10. Usual occupation. Massel	Due to
11. Industry or business	
12, Name Conference	Dither conditions
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings ol operations.
S 15. Birthplace	Date of op.
16. Informant Three Earl Wells 1 Jursing Trains)	Antopsy results
Address marches In med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buris Date thereof march 24. 1948	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Westoniand	Injured at home, farm, Industry, public place (where?)
18. Funeral director AB assbard Ron	Means of Injury tnjured at work?
Address Westminster, M.	23 SIGNATURE Joseph to Buch Mich
19 May 24 1948 Mrs. W. P. J. Deaver	M. D. or other  M. D. or other  M. D. or other  M. D. or other
(Date rec'd by registrar) Registrar	Addrest Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR 31 1948